



Department for International Development - Nepal Health Sector Support Programme (DFID-NHSSP)

Request for Proposal (RFP)

DFID-NHSSP is a technical assistance programme to the Ministry of Health and Population (MoHP), funded by the UK Government through the Department for International Development (DFID). NHSSP is a technical component of DFID's support to the MoHP under the Nepal Health Sector Programme-3. It is designed to support the goals of Nepal Health Sector Strategy (2015/16-2020/21) and contribute to the MoHP's efforts to provide quality health services leaving no-one behind.

DFID-NHSSP is calling for RFP from a Research Agency to carry out the **ANNUAL RAPID ASSESSMENT OF DEMAND SIDE FINANCING SCHEME - AAMA SURAKSHYA PROGRAMME ROUND-XIII**.

Research agencies will be required to submit proposals based on detailed Terms of Reference (TOR), that can be retrieved from NHSSP website following the instructions given below: -

- Login to NHSSP website via **www.nhssp.org.np**
- Click on to NHSSP Logo
- Retrieve TOR from "Notices"

Other submission instructions are to be aligned with TOR.

DFID-NHSSP reserves all rights to reject any or all quotations/proposals without assigning any reason whatsoever.



TERMS OF REFERENCE FOR RECRUITING A RESEARCH AGENCY

ANNUAL RAPID ASSESSMENT OF DEMAND SIDE FINANCING SCHEME - AAMA SURAKSHYA PROGRAMME ROUND XIII

1. Background

The Government of Nepal (GoN) is committed to improving the health status of Nepali citizens and has made impressive health gains. After the promulgation of a new constitution in September 2015, Nepal entered a new era of polity, and adopted a federal system of governance, which included policy, legal, structural, human resource management and financial reforms; and establishing interlinkages where necessary for implementation of federal system. The constitution accords a three spheres of governance system that comprises federal, provincial and local governments. Health is a concurrent right of all three spheres of governance. Since FY 2017/18 and FY2018/19, Ministry of Health and Population decentralized the responsibility of implementing majority reproductive and maternal health programmes (RMH) to the local government (LG) and provincial government respectively, through the conditional grant modality.

Local governments are responsible to manage implementation at the primary hospitals (up to 15 beds) and health posts as well as the private facilities that implement Aama. Provincial governments are responsible for managing Aama implementation at district hospitals, zonal hospitals, sub-regional and regional hospitals. The Federal Ministry of Health and Population (FMoHP)/ Family Welfare Division is responsible for managing Aama at the tertiary level hospitals and academic institutions. Aama programme is a demand-side intervention aimed at improving institutional deliveries by reducing financial barriers women face in accessing services. Details on the Aama Programme and latest information can be obtained from the Aama Programme Implementation Guideline 2065 (Third edition 2073), and can be accessed at <http://www.fhd.gov.np/index.php/en/policy-and-regulations>.

The COVID-19 global pandemic has challenged country systems in their ability to respond the crises while maintaining existing service delivery. Given the priority to react to the urgent needs of health care, livelihoods and financial support, Governments are left with little time to plan for existing priorities. Though the Government has instructed health facilities to continue delivery of basic health services in the country, some form of disruption in service delivery is anticipated. For a health system where several functions are already compromised disruption in service delivery is not very uncommon. In addition, when specialised health facilities are providing treatment to COVID it is too naive to expect that they will be regular with existing service delivery. For example, facilities designated as COVID hospitals have found it difficult to run regular and emergency services such as institutional delivery and have stopped providing them. In situation like this it becomes important to assess the implementation status of Aama programme. The annual Aama Programme rapid assessment can give insights in present status on service disruption and its likely affect and provide immediate and longer term recommendations to tackle them. ***The DFID-NHSSP's support in conducting the RA-XIII is very much important as GoN has decided to relocate this year's RA budget to fund the COVID-19 related activities.***



2. Previous Rounds of Rapid Assessments (RA)

Rapid Assessments of the Aama programme have been conducted to measure the effectiveness of programme management against its objectives, especially, the receipt of free delivery care and transport incentives by beneficiaries, assessing the fund flow mechanism, and financial management at various stages. The first round of RA was conducted in five districts in 2008 and since then MoHP/FHD has been conducting an annual RA of the Aama programme with technical support from NHSSP/DFID. Altogether twelve rounds of RA have been completed which covered all 76 districts except for Manang.

RAs have been instrumental in not only identifying implementation challenges but also successful in offering managerial solutions which have been incorporated into the programme implementation guideline. Aama is also susceptible to fiduciary risks as it consists of direct cash transfers and RAs have been the only mechanism to trace these risks through cross-verifications with beneficiaries. This process of verification helps to identify phantom claims, misappropriation and other forms of data distortion. Besides, the limited monitoring capacity of the government and huge amount of investment in the programme (annual turnover of more than USD 10.5 million) further stresses the need for periodic RA. Hence, periodic RAs have been essential for Aama Surakshya Programme to identify any deviations from the programme objectives and guidelines and to address them on time.

This year's RA is uniquely placed given the shifted priority in responding to the immediate and long term needs to COVID-19 pandemic. It will be useful to assess how COVID-19 has affected programme implementation and its impact on the planning and budgeting for the FY2020/21. Identify temporary arrangements made by COVID-19 hospitals for institutional delivery service. It is also expected to provide insights on better preparing health system to respond to crises like this.

3. Scope and objective of the Rapid Assessment – Round XIII

RA of Aama Programme is essential for all spheres of government to ascertain the implementation status in the midst of the global crises. Some Palikas have reported some form of disruption in providing timely transport incentive mainly because they have used Aama budget in responding to immediate needs of the COVID-19. At the same time, COVID hospital like Seti provincial hospital has reported to have stopped Aama programme with the fear of transmitting infection. Thus, it will be useful to assess how COVID-19 has affected programme implementation at the facilities managed by local and provincial governments. Identify temporary arrangements made by COVID-19 hospitals to manage for institutional delivery service. At the same time it will be useful to ascertain the impact of COVID-19 on planning and budgeting of Aama programme for FY2020/21. RA in the present scenario will also provide useful insights on better preparing health system to respond in similar kind of crises. It will also be important to document any initiatives taken by local and provincial governments in keeping programmes intact and running.

This Terms of Reference for RA – Round XIII is specially developed to assess Aama programme implementation in COVID-19 context. It will also assess compliance against Aama Programme Implementation Guideline 2065 (Third edition 2073) and document likely challenge in programme planning, budgeting, fund flow and implementation.

RA XIII includes the following objectives;

- To assess how COVID-19 pandemic has affected Aama programme implementation in federal, provincial and local government health facilities;



- To ascertain the impact of COVID-19 on planning and budgeting of Aama programme for FY2020/21;
- To identify temporary arrangements made by COVID-19 hospitals to manage for institutional delivery service;
- To assess compliance of programme implementation with latest Aama guideline, especially in the areas of women receiving free delivery service, transport and 4 ANC incentives at the time of discharge, utilization of financial incentives including distribution among health workers and disclosing names of service users on public notice boards;
- To assess management of the Aama programme including timeliness of fund flow, fund transfer, payment mechanism, preparation of progress and financial reports;
- To cross-verify the utilisation of Aama Programme between palika, health facility record and target groups;
- To compare service utilisation data before and after the COVID-19 pandemic;
- To document initiatives taken from PGs and LGs to implementation of Aama programme in keeping service delivery intact;
- To prepare a RA framework for the provincial and local government including design, sampling, tools and technique; and
- To provide immediate and long term recommendation to keep service delivery intact in the event of crises.

4. Proposal Guidelines

DFID-NHSSP will contract one research agency to carry out the Rapid Assessment Round XIII. Brief outline on the study design, tools for the rapid assessment are given in sections below. Research agencies are required to submit a detailed methodology based on these Terms of Reference. DFID-NHSSP will be open to the suggestions from the research agency for appropriate contextualization, but requires them to maintain the quality and integrity of the overall research design and research instruments.

5. Study Design

The study will adopt a mixed-method cross-sectional design. This will draw from existing data and records as well undertake primary data collection. Both qualitative and quantitative approaches will be adopted to get valid and reliable information from the service providers, and service users. MoHP requires research agencies to provide the specifics of the methodology in which data on fund-flow, fund-transfer, and payment mechanisms in changed context will be captured. Complete details of methods and sampling techniques to select respondents (service providers, service users and non-users) are also important. The selected agency will need to work closely with DFID-NHSSP and MoHP in agreeing and finalising full details of the study design, methods and tools.

6. Study Areas

This Rapid Assessment Round XIII will include a sample of Palikas gathered across seven provinces. Three facilities will be visited in each province which includes those managed by Palika and province with a mix of HP, PHCC and hospital including that of the COVID-19 hospitals. Respective Palikas and provinces will be visited to assess the flow of fund and mechanism of fund transfer. Sample size determination of respondents will be based on the number of deliveries in a year in the Palika. The details of the design, methods and sampling will need to be finalised in close consultation and agreement with DFID-NHSSP and MoHP.



7. Study Tools

Draft study tools will be provided by DFID-NHSSP and will include

- a. Key informant Interview Guideline (Province, Palikas, Accountant/Health coordinator/ Service Provider) – to include both financial and service delivery quality aspects
- b. Secondary Data Review Tool (HMIS)
- c. Recently Delivered Women Questionnaire
- d. Cross-verification tool

These will need to be strengthened further prior to data collection with MoHP and DFID-NHSSP.

8. Output/Deliverable

The research agency is responsible for preparing and submitting the following as key deliverables:

- Detailed Implementation Plan (to be agreed with DFID-NHSSP before data collection starts).
- Revised and finalised tools in Nepali (to be agreed with DFID-NHSSP before data collection starts).
- Data quality assurance and control plan (to be agreed with DFID-NHSSP before data collection starts)
- Data entry package and data cleaning protocol
- Field manual
- Training completion report (not exceeding 3 pages)
- Field data collection completion report (not exceeding 3 pages)
- Pre-analysis plan (both qualitative and quantitative)
- Coding manual
- Raw and cleaned data set in SPSS/Stata
- Outline and chapter layout of the final report
- Draft report in English (to be reviewed by DFID-NHSSP and other stakeholders as needed).
- Final report in English
- Power point presentation summarising the report

As laid out previously, the research agency will need to seek feedback and approval on all these deliverables from DFID-NHSSP. These have to meet the quality standards of DFID-NHSSP in terms of technical quality as well as presentation. All final products will be expected to be of high-quality professional standards. It is also imperative to adhere to agreed deadlines

9. Implementation process

An independent research agency will be hired to carry out this assignment. The study will be funded through DFID-NHSSP. Through-out the assignment technical assistance and oversight will be provided by DFID-NHSSP and MoHP. The contracted agency will need to work closely with DFID-NHSSP at all steps. Data collection plan and implementation, data entry and cleaning, data analysis and report writing are the main responsibilities of the research agency. However, in case of modifications to the study design and given standard tools, these will be agreed between DFID-NHSSP and research agency as required.

10. Qualifications of the agency

A registered research agency with a credible and proven track record of having conducted similar public health surveys, assessments and research projects is required. The agency should have previous experience of working with GoN, MoHP, Provinces, bi-laterals and multilaterals. It should have sound team with good analytical skills, and skills to produce high-quality documents.



The following qualifications and experience are required within the study team:

- The team leader should hold a PhD or post-graduate degree in social science (economics/ public health/ demography/ statistics) and have relevant experience in qualitative and quantitative research with recent experience in conducting assessment at all spheres of government.
- A senior team member with a strong financial management background. Knowledge of public financial management and financial risks assessment.
- A senior team member with a strong research background in public health, preferably with a sociology/anthropology training. Knowledge of maternal and new borne health will be important.
- One team member with public health background for overall management of study.
- A team member with excellent experience in designing data collection using CAPI.
- A team member with excellent experience in undertaking in depth interviews, focus-group discussions and other participatory data collection methods; and transcribing.
- A team member with experience in conducting data processing and analysis.
- Familiarity with the programmes of FWD, especially maternal health delivery system in Nepal and knowledge on the DSF schemes.
- Ability to independently liaise with relevant organisations
- Excellent skills and experiences/evidence of producing analytical reports in English language.

11. Technical proposal requirements

DFID-NHSSP invites detailed technical proposals that include the following:

- Contextual discussion (not more than 1 A4 size page; Calibri – font size 11): This section should clearly lay out the applying organisation’s understanding of the issue being addressed from a health systems strengthening perspective. This will be assessed for the level of independent analytical thought applied to understanding the context and not a mere duplication of background material provided in this ToR
- Study Design (including broad research questions), Specific methodology that addresses both Rapid Assessment and Quality Assessment, scope of work, objectives and tasks (as given in the ToRs), Detailed Timeline as a Gantt chart (not more than 5 - 6 A4 pages; Calibri – font size 11): This will have to be bulk of the proposal and we encourage you to include any graphics for clarity where relevant. This section will be assessed for technical robustness and relevance of the design and methods; clarity of questions; justification of methods used, and appropriateness of timing of activities.
- Quality assurance mechanism (not more than 1 A4 page; Calibri – font size 11): This should include details on the quality assurance mechanisms that will be in place at each stage of the work, in terms of design, data gathering and producing high quality deliverables.
- *Optional*: Any other relevant details (not more than 1 A4 page; Calibri – font size 11): This could any other details which can help strengthen your proposal and include for example, recruitment and training plan for staff, data management plan, reporting plan, dissemination plan, etc.
- Team composition (not more than 2 A4 pages; Calibri – font size 11): This should include details of the structure of the proposed evaluation team - with named individuals for the senior and mid-level positions, and a brief paragraph on the expertise of the individuals. For all other junior positions, details of the type of job role and the number of people planned should be included. The CVs of all the named individuals should be included as an annex. Each CV should be no longer than 2 A4 pages. The entire team as a whole (and not individuals) will be assessed for demonstrated experience of high-quality evaluation and research of the senior and mid-level team, members with



suitable sector and methods experience, adequacy of the entire team. The team will also be assessed (in conjunction with the budget proposed) on the how substantial and adequate the level of effort has been planned for the senior and mid-level positions.

- Organisational capacity statement (not more than 2 A4 pages; Calibri – font size 11): This should include why the applicant organisation is suitable for the assessments, providing details on research methodological expertise, experience of conducting independent health related research and evaluations, experience of working with government, any research or evaluation products of the applicant organisation, and other relevant information to support the application.
- Supporting documents showing examples of similar research conducted by the research agency including qualitative and quantitative research examples

12. Financial proposal requirements

Provide a detailed cost breakdown for all aspects of the study to be submitted later when asked for.

13. Bid evaluation process

Bid will be evaluated by the team of qualified professionals. Interested agencies shall submit technical proposal in given email address. The evaluation committee will prepare shortlist of agencies that are qualified for technical requirement of the bid. The shortlisted agencies will be contacted to submit financial bid. The contract will be awarded to the lowest evaluated substantially responsive bidder.

14. Timeline

The RA Round XIII will be undertaken between June-October 2020. The agreed study-design and tools should be finalised within two weeks of the date on which the contract is awarded. Data collection should begin within three weeks of date of contract. Draft report should be submitted to NHSSP within 16 weeks of the date of signing the contract. DFID-NHSSP will provide feedback on the draft report within two weeks of its submission. The final report should be submitted within two weeks after receiving feedback from DFID-NHSSP.

The final report has to be completed by mid-October 2020. This is non-negotiable and the agency has to ensure team and plans to be in place to achieve this deadline.

15. Deadline for proposal submission

The Technical Bid must be submitted to DFID-NHSSP office in email address: rfp@nhssp.org.np no later than 17:00 by 30th May 2020. In addition, as a pre-requisite, the organization should submit its (a) Organisational profile (b) Registration documents (c) PAN/VAT certificate and (d) Tax clearance certificate for FY 2075/76.

DFID-NHSSP reserves all rights to reject any or all quotations/proposals without assigning any reason whatsoever.

16. Contact persons

- a) Email Hema Bhatt hema@nhssp.org.np for technical enquiries.
- b) Bhuvanari Shrestha Jha bhuvanari@nhssp.org.np for administrative and financial enquiries.