

Department for International Development - Nepal Health Sector Support Programme (DFID-NHSSP) Request for Proposal - Video/Photographer

Nepal Health

Sector Support Programme

NHSS

Nepal Health Sector Support Programme (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) under 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 seeking to contract a Professional Individual or an Organization to secure services of Video/ Photographer to document the retrofitting projects at Bhaktapur Hospital and Western Regional Hospital, Pokhara.

Your offer comprising of technical and financial proposal, in separate sealed envelopes, should reach the following address no later than **17.00 hours on 31st January 2020**. The proposal should respond to the terms of reference as specified in detail in NHSSP Website www.nhssp.org.np. In addition, *if an organization is applying*, as a pre-qualification requirement, organization should also submit the (a) Registration documents, (b) PAN/VAT certificate and (c) Tax clearance certificate for FY 2075/76.

Nepal Health Sector Support Programme Oasis Complex, First Floor, Room # 204 Patan Dhoka, Lalitpur, Nepal

NHSSP reserves all rights to reject any or all quotations/proposals without assigning any reason Whatsoever.

DFID - NHSSP HEALTH INFRASTRUCTURE HOSPITAL RETROFITTING PROGRAMME TERMS OF REFERENCE FOR VIDEO / PHOTOGRAPHER January 2020

1 BACKGROUND: NEPAL HEALTH SECTOR SUPPORT PROGRAMME

The Nepal Health Sector Support Programme (NHSSP) is an initiative of the Nepal Ministry of Health and Population (MoHP) financed by the UK Department for International Development (DFID). The NHSSP supports the goals of Nepal's National Health Sector Strategy (NHSS), and assists the MoHP in building a resilient health system to provide good quality health services for all. The NHSSP is being implemented by a consortium led by Options UK.

A key NHSSP component is the Health Infrastructure workstream, which has a major focus on retrofitting and rehabilitation of health facilities to ensure that they are resilient to future seismic shocks, environmental impacts and other natural disasters.

Two hospitals – Bhaktapur Hospital and Western Regional Hospital Pokhara - have been selected by the MoHP for retrofitting and rehabilitation, and will serve as demonstration models to inform the roll-out of this approach by the Government of Nepal (GoN) in future.

The two hospitals offer an opportunity to document and record development in real-time case studies, providing a solid foundation and precedents for the design of remaining hospitals. They also will be used for on-site skills transfer and learning by MoHP and Department of Urban Development and Building Construction (DUDBC) technical staff, as well as private sector construction contractors and professionals.

2 HOSPITAL RETROFITTING PROGRAMMES

There are four main aspects to the retrofitting programmes at Bhaktapur and Western Regional Hospital Pokhara:

- Seismic retrofitting (including structural strengthening, consolidation of non-structural elements and functional refurbishments as required)
- Decant structure (short-life structure built to accommodate services and patients temporarily decanted at each hospital)
- Service decanting and patient transfer and logistics management
- 'Green' retrofitting (involving improvements to water use and energy efficiency, hospital waste management, construction waste management, and materials recycling)

Patient-centred construction is a key theme of this programme. Both hospitals will remain in operation during construction work, which has major implications on health and safety for all people on site, on noise and dust disturbance management and on route as well as access planning.

Development activities at both hospitals will include:

• Site preparation and clearance

- Construction of new steel-framed decant facilities, and dismantling and reusing at the final phases of the project
- Services transfer to and from decant facility and main service facility while works take place (particular attention needs to be provisioned for important services, for example laboratory, X-ray / scan, pharmacy)
- Patient transfers to and from decant facility and main facility (particular attention needs to be provided to elderly and maternity patients)
- Demolition of old and unsuitable buildings
- Construction of new blocks
- Works to improve accessibility, for example ramps, walkways and lifts
- Structural retrofitting works, for example shear walls, splint and bandage installation, column jacketing
- Non-structural retrofitting works, for example securing partitions, ceiling and equipment
- 'Green' retrofitting works to promote resilience and sustainability, for example, installation of reed beds, water management, energy efficiency and materials recycling
- Finishes and fit-out
- Handover and commissioning

3 PURPOSE

The purpose of this Terms of Reference is to secure the services of a Video / Photographer to document the retrofitting project at Bhaktapur and Western Regional Hospitals. The video and photographic materials produced will be used for to provide technical support for and documentation of the development activities, specifically to:

- Provide a documentary (photographic and video record) of the condition of buildings, functions, services, and patient experiences before and after the retrofitting activities are complete.
- Record critical and complex construction activities at key stages in the development process. These photographs and videos will be used as part of project records, in discussions with contractors, and in capacity enhancement activities (including training modules and materials).
- Produce photographs and videos for use in publications and electronic media by the NHSSP and where appropriate, by its key stakeholders.

4 TASKS AND PRODUCTS

The Video / Photographer is required to carry the following tasks and deliver the products specified below:

4.1 Working closely with the Health Infrastructure team (HI team) and Options representatives (Marketing and Communications Manager, and Programme

Manager), develop and agree upon an implementation plan for the assignment and t keep it under review. The Video / Photographer must inform the HI team and Options UK of any potential delay and provide an updated timeline.

- 4.2 Produce a baseline photo-inventory and video-inventory (the 'Before Retrofitting' record) of the exterior and interior (all rooms, wards, spaces and corridors) for every building on site at Bhaktapur and Western Regional Hospitals. These images should clearly show the condition of the buildings, the challenges faced by staff and the experiences of patients. Some interiors will have to be captured incrementally after services are decanted, rooms are cleared, and retrofitting is carried out.
- 4.3 Produce an updated version of the buildings photo-inventory and video-inventory (the 'After Retrofitting' record) after construction works is complete at Bhaktapur and Western Regional Hospitals. These images should clearly show the improvements in building condition, hospital functions and services, and the experiences of staff and patients.
- 4.4 Record work progress at critical stages at Bhaktapur and Western Regional Hospitals. These can include site preparation, construction completion of decant facility, demolition works, major concrete pours, specific technical aspects (column jacketing, shear walls, splint and bandage works), patient and service transfers (especially complex facilities such as X-ray), new build blocks, and topping out. Representatives of the Health Infrastructure team will provide guidance on timing of critical activities, access and viewpoints. It is anticipated that this activity will involve the production of up to 6 short videos per year, and a technical portfolio of up to 400 photographs (post-process) per year, covering both hospitals.
- 4.5 Use aerial drone video / photography and 360 video photography as necessary to provide inputs for the video- and photo-inventories.
- 4.6 Use time-lapse photography to assist in illustrating progress for example, on overall site, and major new building blocks.
- 4.7 Produce a monthly portfolio of images (12 portfolios per year, at least 40 images post-process per portfolio) for Bhaktapur and Western Regional Hospitals. These should include high quality / creative shots suitable for use in publications and project documentation.
- 4.8 Production of portfolio of images (post-process) for Final Project Photo-essay and Final Project Report which will be produced at the closure of the NHSSP.

5 DELIVERABLES

The Video / Photographer is expected to produce the following deliverables over the period February, 2020 – End of December 2022.

No	Deliverables

1	Implementation plan for the assignment
2	'Before Retrofitting': Baseline photo-inventory (exterior and interior) for every building on site at Bhaktapur Hospital and Western Regional Hospital
3	'Before Retrofitting': Baseline video-inventory (exterior and interior) for every building on site at Bhaktapur Hospital and Western Regional Hospital
4	After Retrofitting': Post-construction photo-inventory (exterior and interior) for every building on site at Bhaktapur Hospital and Western Regional Hospital
5	'After Retrofitting': Post-construction video-inventory (exterior and interior) for every building on site at Bhaktapur Hospital and Western Regional Hospital
6	Critical stage work records (up to 6 short videos per year, and a technical portfolio of up to 400 photographs post-process per year) at Bhaktapur and Western Regional Hospitals
7	Time-lapse video footage at each hospital site, for use in communications productions
8	Aerial and 360 video footage at each hospital site (in pre-agreed multiple time frames), for use in communications productions
9	Monthly portfolio of photographs (12 portfolios per year, up to 40 images post- process per portfolio for both Bhaktapur and Western Regional Hospitals), including high quality / creative shots
10	Portfolio of images (post-process) for Final Project Photo-essay and Final Project Report

Technical advice on the quality of video deliverables is included in Annex 1 below.

6 TIMEFRAMES

The contract for these services runs from February 2020 to end December 2022.

7 WORKING DAYS

It is anticipated that this assignment will take up to 225 working days in total over the period of February 2020 to end December 2022. However, the working days for each year are divided as follows.

2020: 75 working days

2021: 75 working days

2022: 75 working days

The number of working days will be kept under review, and may be adjusted at suitable break points in the contract, and / or in the event of any changes to the NHSSP timeframe.

Working days include travel time to and from the two hospital sites.

8 CONTACTS, REPORTING AND LIAISON

The Video / Photographer will work closely with HI team members including:

- Lead HI Technical Advisor
- Senior Earthquake Resilience Advisor
- Senior Architect
- Senior Structural Engineer
- Capacity Enhancement Advisor
- Planning & Infrastructure Advisor

Where necessary, the Video / Photographer will liaise with the NHSSP Programme Manager.

The Video / Photographer will be accountable ultimately to the NHSSP Team Leader and will report as and when required. On a day-to-day basis, the Video / Photographer will liaise and report to the HI Lead Technical Advisor.

The NHSSP will provide logistics support (transport, accommodation booking and travel allowance according to local rates).

While on site, the Video / Photographer is required to liaise with and take advice as necessary from the Construction Manager, Site Engineers, other relevant NHSSP staff, hospital staff and contractors' staff.

The Video / Photographer will be required to share draft and final versions of materials and products with the NHSSP HI team and key stakeholders, as appropriate.

9 COMMUNICATIONS CONSULTANTS

The Video / Photographer should also note that the HI team could also appointed a Communications Consultant to develop and produce human interest stories from the Hospitals Retrofitting Programme. The proposed Communications Consultant will focus on production of written material and interviews mainly for websites. The Video / Photographer will liaise with the Communications Consultant to align site visits, and produce suitable photographs to illustrate stories.

10 MEETINGS

The Video / Photographer is required to report and attend the following meetings:

- Initial briefing with the NHSSP Team Leader, and reporting as and when required
- A monthly progress meeting, as required, with the HI Lead Technical Advisor and relevant team members.
- Site meetings and presentations as may be reasonably required by the HI team representatives for this assignment.

• Final debrief with the DFID NHSSP Team Leader

11 VIDEO / PHOTOGRAPHY IN HOSPITALS

The Video / Photographer must be sensitive when interviewing and photographing individuals in Nepal. The Individual Privacy Act 2018 for proposals taking photographs without the permission of the subject, unless in a public place.

It is essential that the Video / Photographer respect the privacy of hospital patients, staff and visitors. Permission to film / take photographs must be granted by hospital management, who will direct the Video / Photographer on areas where this is restricted or prohibited.

While the HI team is able to facilitate access and contacts, it is the responsibility of the Video / Photographer to secure all relevant permissions and consents.

More guidance is provided in Annex Two below. It is recognised that pragmatic arrangements may be necessary when filming / taking photographs when there are patients or members of the public in view.

12 PERMISSIONS TO FILM / PHOTOGRAPH

The Video / Photographer is responsible for securing all relevant permissions and, when obtained, must supply the HI team with copies.

These include permissions from relevant stakeholders (including hospital managements, Nepal Army and Police Service where necessary).

The Video / Photographer must also comply with NHSSP requirements on upholding informed consent, confidentiality, and child protection (see Annex Two).

13 KNOWLEDGE AND EXPERTISE OF THE VIDEO / PHOTOGRAPHER

The Video / Photographer must demonstrate substantial experience in delivering high quality technical and creative digital images and video in a range of settings. These should include architectural, construction and development projects.

Evidence of this experience (for example, brochures, portfolios, and digital links) should be included with the proposal submission.

14 EQUIPMENT AND RESOURCES

The Video / Photographer must either own or have permanent access to all necessary equipment and resources necessary to fulfil this assignment. Evidence of this must be provided as part of the proposal submission. For example, this equipment could include:

- High specification DSLR camera capable of high-resolution video and digital photographs
- Professional standard Digital Cine Camera capable of high-resolution video recordings
- Recording equipment for interviews
- A range of professional standards lenses (including tilt-shift / perspective control for architectural shots)

- Drone for aerial filming and photography
- 360 (Omni-directional) camera for tight space and interior video and photography
- Post production suite (including high quality software) for post processing, sound recording, and editing.
- All necessary accessories including tripods, lights, and cases.

Details of Equipment Requirement

Cameras (4k quality)

- Canon C 300 Mark II 4K or equivalent
- Sony Alpha 7S III time-lapse or equivalent

Lenses

- lenses including 17mm fish-eye for architectural, 24 mm, 70-200mm, 35mm
- 3d VR professional 360 cameras

Drones - DJI Inspire 3 PRO or equivalent

15 COPYRIGHT

The copyright of any video and photographic materials produced by the Video / Photographer will be the property of Options UK / NHSSP and any use without prior written consent from the Options UK / NHSSP will be prohibited.

Where written, video and photographic materials are used in Options UK and NHSSP materials, publications, websites and social media, the Video / Photographer will be credited as appropriate.

16 HEALTH AND SAFETY

The Video / Photographer will be required to work on site at both hospitals during the construction process.

Construction sites can be hazardous, with a wide range of risks to health and safety. Dangers include falling materials, unsafe ladders and scaffolding, insecure high working, and the presence of harmful substances. In addition, there are various forms of hospital medical waste that can only be handled by trained staff.

The Video / Photographer must obey all construction health and safety rules posted on site, and in place at each hospital.

The Video / Photographer must liaise with relevant on-site supervisors and staff to ensure safe access to the site and different buildings, and that on-site workers are aware of the Video / Photographer's presence in the area.

17 INSURANCES

The Video / Photographer is required to hold appropriate personal, professional and public liability insurances. Evidence is to be provided as part of the proposal submission.

18 COST ESTIMATES

The Video / Photographer is required to include a full cost estimate in its proposal and timeframe. Note: All costs must be VAT inclusive.

The NHSSP will make arrangements for and cover costs of travel, accommodation and Daily Subsistence Allowance, where applicable.

19 EXPERIENCE OF AN INDIVIDUAL OR COMPANY

- More than 9 years of experience in documentary video/photography
- More than 7 projects in the documentation in the area of architectural projects
- At least 3 numbers of similar type of videography of at least 6000 square meters of floor area of large-scale building like Hospitals/Hotels
- Filming and aerial photography using professional drones with HD camera

20 PAYMENT PROCEDURE

Payments will be linked to project deliverables as agreed with the HI Team, and the schedule of payments will be recorded in the contract document.

ANNEX ONE: VIDEO GUIDANCE

1 Introduction

The Nepal Health Sector Support Programme (NHSSP) is implemented by a consortium led by Options Consultancy Services ('Options').

The production of video materials has to follow both NHSSP and Options requirements.

This information is for service providers who are producing videos to be hosted on the NHSSP website, Options' website, other official channels or on third party sites.

2 Video Guidance

Each video for blog or documentary purposes must follow the guidance set out below.

2.1 Visual identity

To help maintain a consistent quality standard of footage videos should follow the NHSSP and Options brand guidelines. These will be supplied to the service provider.

The video will include the logos of the NHSSP, Options, Government of Nepal and DFID on the final slide:









2.2 Fonts

We require the service provider to check the legibility and look of fonts at the final output resolution and compression of the final video. Test them before completing a long sequence. Arial must be used on all wording.

For names and job titles please use a minimum of 24 pt font

For Calls to Action and URL's at the end of the video please use a minimum of 32pt font



2.3 Colours

Colours are crucial to legibility – there are many combinations that clash on screen and are difficult to read.

Other factors that can cause illegibility include using type over moving footage / backgrounds. Please ensure all captions including names and job titles are thoroughly proofed and checked for errors.

Please make sure you use NHSSP or Options colours for fonts and name plates.

2.4 Background and settings

Please only film in areas that are relevant to the programme, for example in interviews.

2.5 Aspect ratios

We strongly suggest everything is shot in 16:9 widescreen. For online video a typical dimension would be 520 x 293 pixels. However, if video is shot in high definition (HD) the encoder should scale accordingly – meaning it should work for YouTube, iTunes U, etc.

It is important when shooting to consider the different ways the video might be watched – television set, web browser, plasma screen, iPad, smart phone, etc.

2.6 Format / video quality

Everything should be shot, where possible, in 720p / 1080p high definition (HD) as this provides more flexibility. This is high enough resolution for plasmas and high quality streams, but can easily be compressed for lower bandwidth. It is better to capture video at the best quality, rather than trying to upscale standard definition.

Digital camera systems including RED can shoot footage at 2K and 4K (Ultra HD) resolutions. This is probably not required as yet due to the relatively low numbers of displays that can output the footage, and significant storage space required.

2.7 Sound

Preferably, audio should be captured separately to ensure the highest quality. Consider the nature of audio needed (stereo, surround). Dolby Digital 5.1 or DTS probably aren't required unless the video is to be distributed via DVD or Blu-Ray.

2.8 Recommended settings

We would strongly recommend the following settings for Video Leeds, YouTube and iTunes U:

- .mp4 format
- Full HD 1080p (1920 x 1080 pixels)
- Video bitrate 8 Mbps
- Video codec H.264
- Audio codec ACC-LC (96 khz or 48 khz stereo)
- Frame rate (24, 25 or 30fps, please avoid higher frame rates)

2.9 Colour

A common technique to enhance footage is use of colour grading in post-production to create specific effects and moods. This can work well, but should only be used when appropriate.

2.10 Permissions

Make sure everyone in the shoot has given written consent to let the video be posted online. You need to obtain permission to use still and moving images and voice on any of our channels; print, web or stand-alone DVDs. Please see the Consent Forms attached in Annex Two. Please keep the consent forms and provide copies to the NHSSP Health Infrastructure team.

2.11 Children

There are laws about using images of children – full parental permission must be obtained. If you are filming them, be aware of guidance about chaperones. Please ensure compliance with all relevant regulations and customs.

2.12 Style

Keep the editing simple, as frequent cuts can trigger photosensitive epilepsy in some individuals. Avoid excessive Dutch tilt (extreme angles). Don't zoom in and out – it's not a natural eye movement. Simple shots cut together in a way that best illustrates the narrative works best.

Try to use natural light so that it falls on your subject – not behind them. Don't position them in front of a window as they will appear in silhouette. Some natural light can be flat so think about adding light or reflecting light to enhance your subject. Make the background look interesting but not cluttered.

2.13 Interviews

The main representative in the video should be looking towards the off camera interviewer and not directly into the camera lens.

Remember to ask open questions. For example, "What appealed to you about this?" rather than "Did it appeal to you?" This is so that the replies can be used as stand-alone sound-bites without the questions.

Please think about cutaways (shots to illustrate the narrative) that are relevant and copyright free (see below). They should add to the story telling, not just cover up an edit.

2.14 Image copyright

Images from books, works of art, footage and stills from websites are not generally copyright free. Everything must be checked or we could be fined for breach of copyright. If in doubt, check with the legal team. It may possible to buy copyright but if the content is of a famous person or owned by a big news group it will probably be a costly and long process.

Please avoid showing any clear product names or labels in any scenes.

2.15 Music copyright

Music is a very complicated copyright issue.

Please consider buying copyright free music. Google have a wide range of tracks available for free use on video projects through the <u>Audio Library resource</u>. Please note you will need to log in with a Google account to access this.

Please ensure that music is appropriate to the country and programme.

2.16 Sign-off

All video clips must be assessed against standard criteria before going live. The NHSSP Health Infrastructure team will coordinate with the Options Marketing and Communications Manager of your proposed date for review and sign off to ensure that the process is not delayed.

ANNEX TWO: GUIDANCE FOR PHOTOGRAPHY AND FILMING

Images of individuals, whether in photographs or on film will often be caught by the definition of 'personal data' under the UK General Data Protection Regulations ('Regulations'). In many cases consent from the individuals will need to be obtained in order to process (capture and use) the images fairly and lawfully. This note provides you with guidance as to when and how consent should be captured when filming and/or taking photographs.

The Nepal Individual Privacy Act 2018 makes it an offence to take a photograph without the permission of the subject, unless it is in a public place.

1 CONSENT AND LOCATION FORMS

You must secure consent from an individual before you start interviewing, photographing and/or filming them as failure to do this could result in a breach of the Regulations. You must provide them with as much information as possible about how the Nepal Health Sector Support Programme (NHSSP) may use their story and/or image, enabling them to provide *informed consent*. Contributors should know:

- Where their information will be shared and in what format; making sure that they are fully aware that it may appear in the media and on the internet.
- **The purpose** of sharing their information for example to raise awareness of NHSSP work and programmes.
- What the interview or filming/photography will entail.

Before taking photographs or filming for NHSSP purposes, you must get the individual to sign a Consent Form - a copy is to be found at the end of this annex.

If an individual is illiterate, you can record yourself reading out the consent form and then confirming that they understand and are happy to proceed. Alternatively, you can ask a witness to sign.

2 CONSENT FOR GROUP SETTINGS

You do not need to obtain consent if you are filming or photographing when:

- there is a large group of people in a place where photography is expected provided there is no one is standing out of place and/or identifiable - for example at a festival or spectators at a sports event
- there is a large group of people who cannot be clearly identified
- there is a large group of individuals for example at an event or conference. However, in these circumstances you do need to explain what you are doing and why, and give people the opportunity to move away if they don't want to appear on the film or in a photograph. This is particularly important in sensitive settings – for example a clinic or health facility. Therefore, please consider the following:

- Display a warning notice telling people that photography or filming is going to be taking place. The Location Notice Warning can be used (and adapted) for this purpose and can be found at the end of this annex.
- Verbally tell all those present that you will be photographing or filming before starting to do so, so that any individuals who wish to opt out may leave or move out of the image, if appropriate.

3 ANONYMISING A CONTRIBUTION

If possible, please try to gather case studies and stories from people who are happy to be identified. However, we do understand that someone may have a really powerful story to tell but their safety or reputation may be compromised if their identity is revealed. If this is the case, you can provide anonymity by ensuring that they are not photographed and agreeing to change their name or other identifying features.

4 WITHDRAWING CONSENT

An individual captured in an image can withdraw their consent even after having signed the consent form. Any such withdrawal should be in writing. Once consent is withdrawn, the NHSSP cannot use the relevant images again and such images should be deleted from our systems. However, it will not normally be possible to recall documents in which their image has already appeared.

5 COPYRIGHT

Photographs, film, sound recordings and still images are all protected by copyright. All third parties, service providers and consultants filming or photographing on behalf of the NHSSP are required to sign agreements with the NHSSP assigning all copyright to the NHSSP.

6 CONTRIBUTOR CONSENT FORM

See below

7 LOCATION SIGNAGE

See below

CONTRIBUTOR CONSENT FORM

Consent form for Communications Materials

To be utilised when collecting case studies, photographs and videography.

Name:	
Location:	
Country:	
Programme:	

I confirm that as a service provider contracted by the Nepal Health Sector Support Programme (NHSSP) who is aware of the importance of upholding informed consent, confidentiality, and child protection, I have discussed the following with the Contributor:

Where their case study, photo and/or video may be used – Information about the Contributor, in addition to their photo or video if applicable, may be used in internal and/or external marketing and communications materials. Examples of these materials may include, but are not limited to, website content, social media, project reports, newsletters, annual reports, advocacy documents, and promotional materials such as flyers and pamphlets.

Over the age of 18: I have confirmed that the Contributor is over 18 and is therefore able to sign this form. Where under the age of 18, this Consent Form must be signed on behalf of such Contributor by a parent or guardian.

The purpose of sharing their case study, photo and/or video – The purpose of collecting the Contributor's information may vary somewhat, but in broad terms their case study, photo and/or video may be used to illustrate the work of the NHSSP and its stakeholders.

Ensure confidentiality and privacy – Under no means is a Contributor obligated to have their name disclosed in a case study, photograph or video. If agreed with the Contributor, a pseudonym name can be utilised provided such pseudonym cannot in any way be linked to and/or identify the Contributor. This is particularly relevant for Contributors who identify with a marginalised or vulnerable group.

Name of service provider: _____

Signature:	

Activity	Consent?	Comments	Other
Use of the Contributor's photo or appearance in a	Yes / No		

Following discussion, the Contributor hereby approves the following activities to occur:

video to promote the NHSSP's work		
Use of their personal information to accompany a story, photo and/video	Yes / No	
Use of a detailed case study about the Contributor's background and/or experience with the programme, including their name, age, rough location (e.g. district), number of children, vocation, etc.	Yes / No	

Contributor's consent for the ac	tivities above:		
Full name of Contributor:			
Name of Parent/Guardian (if under	· 18):		
Signature:			
Date: / /	_		
Contributor's thumbprint (if contributor is Illiterate)	For illiterate contributors, the presence of a witness is strongly advised: Full name of witness: Signature: Date://		
Where written consent isn't possible or feasible, verbal consent must be obtained.			
Staff member who can verify this occurred:			
Date: / /			
Were all of the activities above explained to the contributor(s)? YES NO			

LOCATION SIGNAGE

Location warning notice filming/ photography taking place here

Please be advised that filming and/or photography will be taking place here, in this area between the hours of [insert hours] on [insert date]

If you do not wish to appear in any images captured please avoid this area at these times.

The photographs/film will be used by the Nepal Health Sector Support Programme (NHSSP) or [insert details of why it's being recorded and who will have access to the recording]

They may also be included in NHSSP materials and may also be published on the NHSSP website