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

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 will contract a research agency to carry out the **ANNUAL RAPID ASSESSMENT ROUND XII & QUALITY OF CARE ASSESSMENT OF DEMAND SIDE FINANCING SCHEME - AAMA SURAKSHYA PROGRAMME.**

Research agencies will be required to develop a detailed methodology based on a ToR. 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. ToR can be retrieved from NHSSP Website www.nhssp.org.np

Your offer comprising of technical proposal and financial proposal, in separate sealed envelopes, should reach the following address **by 17.00 hours on 26th July 2019**. In addition, as a pre-requisite, the organization should submit its (a) Registration documents (b) PAN/VAT certificate and (c) Tax clearance certificate for FY 2074/75.

Nepal Health Sector Support Programme (NHSSP) Oasis Complex, First Floor, Room # 204 Patan Dhoka, Lalitpur, Nepal P.O.Box: 7830 T: 5536144, 5538985, 5543787, F: 4252562

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 ROUND XII & QUALITY OF CARE ASSESSMENT

OF DEMAND SIDE FINANCING SCHEME - AAMA SURAKSHYA PROGRAMME

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 established interlinkages where necessary for the implementation of the federal system. The constitution accords a three spheres of governance system that comprises federal, provincial and local governments. Health is the joint responsibility of all three spheres of governance. Thus, in FY 2017/18, Ministry of Health and Population decentralized the responsibility of implementing a majority of reproductive and maternal health programmes (RMH) (under Family Health Division) to the local government (LG), and conditional grants from the federal sphere became the major source for financing these health programmes at the local level. In FY 2018/19, as a part of the transitioning process towards federalism, MoHP and its entities, such as divisions and centers, underwent re-structuring and as a result the Family Health Division and Child Health Division were merged to become the Family Welfare Division (FWD).

This fiscal year onwards (FY2018/19), the provincial governments (PGs) have also become functional in addition to the local and federal governments and have also been given the responsibility of implementing RMH programmes. LGs are responsible for implementing the Aama Surakshya Programme in PHCCs, HPs and accredited private facilities. PGs are responsible for directly implementing it in district, zonal and tertiary level hospitals; and the FWD/MoHP is responsible for implementing the programme in Maternity Hospitals. 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.

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 eleven rounds of RA have been completed which covered all 75 districts except for Manang.

RAs have been instrumental in not only identifying implementation challenges but have also been 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. 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 RA has been essential for Aama Surakshya Programme to identify any deviations from the programme objectives and guidelines and to address them on time.

3. Rationale for current assessments

These Terms of Reference are for undertaking both the Annual Rapid Assessment as well as the related Quality of Care assessment of the Aama Surakhsya Programme.

a. Rapid Assessment – Round XII

RA is critical for this year (2018/19) as it is the first year of implementation for PGs, the second year for LGs and also because they are responsible for managing more than 98 percent of the Aama budget. Moreover, this year onwards the Aama programme budget is clubbed with the budget for Nyano Jhola, and the Safe Abortion programme. While the Aama programme is cash transfer programme, the other two involve procurement of commodities such as baby clothes, surgical items, or drugs and medicines. It will be important to assess how well the local governments have taken this into consideration and planned the budgets across the three programmes. It is important to understand if Palikas have been providing Aama transport incentives as per the budget speech of FY2018/19 (i.e. twice as that of previous years), and how the additional budget has been resourced to meet the new set of provisions. Similarly, PGs and LGs understanding of the programme, which could be demonstrated through planning and budgeting, implementation including flow of funds, fund transfers, payment mechanisms, recordkeeping and reporting, is also crucial. Findings from this RA can support PGs and LGs to plan, budget and implement the Aama Programme.

b. Quality of Care Assessment

The RA XII assumes a greater importance this year as a number of new strategies and programmes such as the Safe Motherhood and Newborn Health Roadmap, Basic Health Care Services Package, Social Health Insurance, etc. also have a bearing on the Aama programme. Concerns over the stagnation of MMR have led to a review and rethink of the ways forward for maternal health, alongside the new policies and programmes of federalism. Findings such as the expansion of birthing centres, despite evidence of their under-utilisation, continued overcrowding at referral hospitals, lack of a of inter-facility referral system, and high levels of maternal mortality during the post-partum period prompt questions around the extent to which users have benefited from Aama and their views on how it could facilitate their access to services better. Although the Aama programme has a wide reach across Nepal, it is fairly well-known that the quality of service delivery is dependent on several contextual factors which influences service uptake. For example, anecdotal information shows that the amount received by the service provider as a part of health facility reimbursements could be a disincentive for referrals to higher centres. Also, women from poorer or remote communities who often have to give birth at lower-level facilities, face higher costs for any further travel to higher facilities in case of complications as compared to those in wealthier communities and in accessible areas who are often closer to better and higher-level hospitals. Understanding these challenges in depth will be important for the RA from a beneficiary and quality of care perspective so that local level programming for Aama can be tailored in response to such contextual needs.

4. Scope of work

RA – Round XII aims to assess compliance against Aama Programme Implementation Guideline 2065 (Third edition 2073) and to capture any additional initiatives taken from PGs and LGs in implementing the Aama programme. This component includes the following tasks to understand the financial aspects;

- Assessing compliance of programme implementation with latest Aama guideline, especially in the following areas: women receive free delivery service, transport and 4 ANC incentives at the time of discharge, utilization of financial incentives including distribution among health workers and disclosure of the names of service users on public notice boards;
- Assessing the management of the Aama programme including timeliness of fund flow, fund transfer, payment mechanism, preparation of progress and financial reports;
- Assessing the implementation of Aama in insurance implemented and non-insurance implemented Palikas/ districts;
- Cross-verifying the utilisation of Aama Programme between palika, health facility record and target groups;
- Reporting on additional initiatives taken from PGs and LGs in implementation of Aama programme, and the implication of that on service coverage and uptake
- Making recommendations on the ways to improve management, fund flow, payment mechanisms and planning of the Aama Programme at all levels

The Quality of Care assessment aims to understand the quality of care concerns, particularly in the federalising context, that have an implication for the programme implementation at PG and LG levels. This component includes:

- Reviewing whether and how Aama has contributed to improved service utilisation, availability and quality at each level of the health facilities, and any un-intended effects
- Understanding how Aama has influenced provider behaviour over the years and how recent changes (e.g. federalism and insurance) may have influenced providers
- Assessing and understanding the pathways of how has Aama contributed towards increasing institutional deliveries, (including EmONC)
- Understanding the challenges at the beneficiary level and what encourages women to use Aama and what are the reasons for non-use (respondents to include users and non-users).
- Recommending appropriate measures on the ways to improve beneficiary uptake, particularly addressing issues of equity and inclusion.

5. Proposal Guidelines

DFID-NHSSP will contract one research agency to carry out the Rapid Assessment Round XII and Quality Assessment of the Aama Programme simultaneously. Brief outline on the study design and 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 which also requires them to maintain the quality and integrity of the overall research design and research instruments.

6. Study Design

The study will need to adopt a mixed-method cross-sectional design. This will need to draw from existing data and records as well as to undertake primary data collection. Both qualitative and quantitative approaches should be adopted to get valid and reliable information from the service providers, service users and non-users. To respond to the Rapid Assessment scope of work and objectives, FWD 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. To undertake the Quality Assessment component, research agencies will need to include complete details of methods and sampling techniques to select respondents (service providers, service users and non-users).

The selected agency will need to work closely with DFID-NHSSP (as the lead) in agreeing and finalising full details of the study design, methods and tools.

7. Study Tools

Previous Annual Rapid Assessments have used standard tools which will need to be updated to make them suitable for the Round XII. In addition to these, further questions to the existing tools or newer tools will need to be developed to capture the data needed for the Quality of Care Assessment. The draft tools will be provided to the research agency by DFID-NHSSP and will include:

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

As laid out above these will need to be strengthened further prior to data collection, in close collaboration with DFID-NHSSP.

8. Study Areas and Sampling

This Rapid Assessment Round XII will need to include a sample of palikas (50-50% urban municipality and rural municipality; and 50%-50% implementing and not implementing the Social Health Insurance programme (in order to understand the differences). Data should be gathered from at least 14 Palikas from across the seven provinces, and should include a mix of mountain, hill and Terai regions. The study should include a minimum of 60 health facilities altogether. A sample of respondents (providers) should be drawn from these facilities. Sample size of respondents (users and non-users) and the appropriate methods to sample them should be estimated based on the number of deliveries in a year in the Palika to draw out a robust sample. These details of the design, methods and sampling will need to be included in the proposal and subsequently finalised in close consultation and agreement with DFID-NHSSP.

9. Deliverables

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.

10. Final Output

The final expected output is a comprehensive report based on the Rapid Assessment of the Aama Programme and the Quality Assessment. Findings from the two components should be presented as two different parts of the same report. This report is intended for all major stakeholders – FMoHP, DoHS, NGOs and other bilateral and multilateral organizations working with these schemes. A complete draft report should be submitted first which will be reviewed by a technical committee and DFID-NHSSP. An updated report, addressing all comments needs to be submitted within two weeks later of having provided the comments. If deemed necessary, a second round of written comments will be provided to research agency and the final report will need to be submitted within two weeks of the final round of comments.

All the deliverables and output should be submitted to DFID-NHSSP in both electronic and hard copy by research agency.

11. Implementation process

An independent research agency will be hired to carry out this assignment. The study will be funded through DFIDs TARF fund. Throughout the assignment technical assistance and oversight will be provided by DFID-NHSSP and 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.

12. 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, bi-laterals and multilaterals like DFID, World Bank and others. 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 (health economics/ public health/ demography/ statistics) and have relevant experience in qualitative and quantitative research
- A senior team member with a strong finance background, preferably health economist. Knowledge of public financial management and financial risks assessment.
- A senior team member with a strong research background in public health and preferably with sociology/anthropology training. Knowledge of maternal and newborn health will be important.
- One team member with public health background for overall management of study.
- A team member with excellent experience in conducting data collection using CAPI.
- A team member with excellent experience in undertaking in depth interviews, focus-group discussions and other participatory data collection methods; including 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 including Aama program.
- Ability to independently liaise with relevant organisations
- Excellent skills and experience/evidence of producing analytical reports in English language.

13. 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 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 the 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 include 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 and the adequacy of the entire team. The team will also be assessed (in conjunction with the budget proposed) on 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

14. Financial proposal requirements

Provide a detailed cost breakdown for all aspects of the study in a separate sealed envelope along with the technical proposal.

15. Timeline

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 the date of contract. The draft report should be submitted to NHSSP within 11 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.

A draft report with preliminary findings and data set to be submitted by 28th October and a final report has to be completed by mid-November 2019. This is non-negotiable and the agency has to ensure team and plans to be in place to achieve this deadline.

16. Deadline for proposal submission

The Technical Bid and Financial Bid must be sealed and submitted in separate envelopes and reach the Nepal Health Sector Support Programme (DFID-NHSSP, Oasis Complex, Patan Dhokha no later than 17.00 hours on the 26th July 2019 DFID-NHSSP will notify the selected agency through email and telephone.

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

17. Contact persons

a) Email Hema Bhatt hema@nhssp.org.np for technical enquiries.
b) Mini Singh mini@nhssp.org.np for administrative and financial enquiries.
Telephone: 015543787

Nepal Health Sector Support Programme (NHSSP) Oasis Complex, First Floor, Room # 204 Patan Dhoka, Lalitpur, Nepal P.O.Box: 7830 T: 5536144, 5538985, 5543787, F: 4252562