

# Service contract to conduct need assessment in Mugu District

UNICEF Nepal Country Office (NCO)

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## 1. BACKGROUND AND JUSTIFICATION

Annual 2.9 million deaths of newborn and 2.6 million stillbirths put perinatal health as an unfinished agenda transferred from Millennium Development Goals (MDGs) period to Sustainable Development Goals (SDG) era. Increasing number of perinatal mortality and morbidity in health facilities indicate improved service seeking behaviour among the public for delivery services on the one hand, but on the other hand it seriously implies shortcomings in service delivery mechanisms of the health facilities. Current neonatal mortality rate of 21 per 1000 live births puts neonatal health as a priority area to be addressed for Nepal. Nepal has a high maternal mortality ratio, currently at 239 per 100,000 live births making it one of the urgent priority to be addressed. National level data masks pockets of higher maternal and newborn mortality rates at the sub-national level which are likely to occur in areas where health service availability and quality are lower than levels required by national standards and where effective coverage of high impact interventions are lower than optimal levels.

To achieve preferred outcome for maternal and perinatal health status, health system has to be strengthened in all the six domains of health system building blocks; Service Delivery, Health Workforce, Health Information System, Access to Essential Medicines, Financing and Leadership/Governance. Despite the impressive gains in number of physical facilities and health workforce, delivering quality of care services to the population remains a challenge in Nepal. Primary care facilities across the nation are struggling with persistent absence of health workers, stock out of drugs and commodities, poorly maintained infrastructures and equipment, insufficient opening hours, and insufficient control of hazardous waste and basic infection practices. The remote districts are further challenged by scattered settlements, difficult terrain and lack of transportation means.

In the new country program (2018-2022), UNICEF strives to improve the access and quality of MNCH services particularly in the most marginalized and deprived areas. In this effort, UNICEF is embarking the implementation of a comprehensive MNCH project in Mugu district- one of the most remote district in Province 6. The project involves conducting health facility need assessment on maternal and perinatal care, capacity building of the management committees and health workers on the standards and process of care quality improvement initiatives and demand generation interventions.

UNICEF is thus seeking for consultancy with objectives to provide support in conducting need assessment (both quantitative and qualitative) in areas of maternal and newborn health in Mugu district. The proposed consultancy will coordinate with UNICEF Nepal Country Office (NCO), federal, provincial and local government for the implementation of the project.

## 2. OBJECTIVES AND METHODOLOGY

The proposed project intends to conduct an overall need assessment on maternal and newborn health in Mugu District. For the service delivery, health facility assessment on governance, equipment, drugs, human resources and information management are proposed:

- Access to BEMONC, CEMONC and community maternal and newborn health care services in Mugu District
- Coverage of high impact MNCAH services (including nutrition) within Mugu district by health catchment area
- Health facility MNCAH service delivery capacity assessment using standard assessment tool that will be developed in close collaboration with the Ministry of Health and district health support team at service delivery and demand generation improvement interventions

Following the assessment, discussion sessions will be carried out with the health workers and health Facility Operations and Management Committee(HFOMC) members to identify bottleneck and challenges in delivering quality health services. Based on the analysis, health facility level action plan will be developed in every health facilities.

Bottleneck analysis and planning will be conducted with MOH and local health management teams for the development of MNCAH improvement plans for health facilities of the district

For the demand generation needs assessment component, the following are proposed:

- Confidential client exit interview will also be carried out to understand their satisfaction with services received
- Focus group discussions will be conducted in areas of particularly low coverage of marker interventions to understand geographic, temporal, socio-cultural and financial barriers that result in low uptake of services.
- Focus group discussions also be conducted to assess KAP related to key family health practices that impact maternal, newborn, child and adolescent health protection and care.

The project will also conduct a household baseline survey through lot quality assurance and qualitative method to assess the coverage of key maternal, newborn, child and adolescent health (MNCAH) indicators including community level behavioural health practices. The survey will also help to validate the coverage of the key indicators that have been reported through health management information system(HMIS). The survey will be conducted with the use of both quantitative and qualitative methods. For the quantitative data collection, Lot Quality Assurance Sampling (LQAS) method will be used where the whole district will be divided into different lots (supervision areas) depending on the population and geographic distribution. Two different modules will be used for the LQAS survey. For the qualitative data collection, Focus Group Discussions will be conducted with different target groups with the use of different guideline.

### **Specific objective 1**

To conduct the health facility assessment of service readiness, availability and quality of maternal and newborn care and develop health facility wise quality improvement plan.

**Specific objective 2**

To conduct household survey through Lot Quality Assurance Sampling (LQAS) to estimate coverage of key MNCH indicators

**Specific objective 3**

To conduct qualitative assessment through focus Group Discussion and Key Informant Interview to understand the causality factors, demand for health services and existing social/cultural behaviours

**3. SCOPE OF WORK**

The implementation partner will carry out the specific task as per

Work package 1

Specific objective 1	To conduct the health facility assessment of service readiness, availability and quality of maternal and newborn care and develop health facility wise quality improvement plan as per the provided proforma attached <b>(3 months)</b>
1.1	Customize need assessment tools developed for NePeriQIP
1.2	Testing and finalization of the tools
1.4	Training of enumerators for data collection
1.5	Data collection on the readiness, availability and quality of perinatal care services in health facilities <sup>1</sup>
1.6	Conduct causal/bottleneck analysis and develop on-site plan to improve the quality of perinatal care.
1.7	Data Analysis and report

Work package 2

Specific objective 2	To conduct household survey through Lot Quality Assurance Sampling (LQAS) to estimate coverage of key MNCH indicators (5 months)
2.1	Develop a detailed implementation plan for LQAS based on the attached concept note
2.2	Adapt the LQAS modules developed by the Liverpool School of Tropical Medicine and UNICEF to evaluate the utilization and quality of the maternal, newborn and child health services in Mugu districts.
2.3	Translate and back translate the maternal and neonatal health and child health module
2.4	Conduct the LQAS training to the data collectors
2.5	Conduct data collection

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<sup>1</sup> This includes the assessment of governance, human resource, infra-structure, information management, service delivery, equipment and drugs

2.6	Conduct data entry and analysis
2.7	Validate data and conduct bottleneck analysis by the supervision areas
2.8	Provide Report

### Work package 3

Specific objective 3	To conduct qualitative assessment through focus Group Discussion and Key Informant Interview to understand the causality factors and existing social/cultural behaviours (5 months)
3.1	Develop the FGD guide in consultation with the UNICEF program team
3.2	Translate and back-translate the FGD
3.3	Pilot testing of the FGD guide
3.4	Conducting the data collection of FGD
3.5	Transcription and translation of the FGD
3.6	Analysis and report

## 4. DURATION

The study will run for 6 months starting September 2018. The duration of working days for a team of professionals will be a total of approximately 6 weeks. Number of working days for each team member will vary per their relevance to the expected tasks. The consultancy firm may engage required multiple teams to complete the survey within the agreed timeframe.

## 5. WORKING LOCATIONS:

The contracted institution/firm will work remotely but will work closely with UNICEF Nepal and national partners as needed to support implementation.

Mugu District Coordination Committee, previously known as Mugu district, is in Karnali province of the Mid-Western Region of Nepal. It borders with Dolpa DCC to the East, Bajura to the West, Humla and Tibet of People's Republic of China to the North and Kalikot and Jumla DCC to the South. Mugu DCC has 3 Rural Municipalities (Gaun Palikas), 1 Municipality, 1 Constituency of House of Representative and 2 Provincial Constituencies. The District Development Committee is divided into 4 broad geographical areas; Khatyad area, Soru area, Gam area and Karan area. Mugu with Gamgadhi as its headquarters, covers an area of 3135km<sup>2</sup> and has the population of 55286 according to the census 2011.

Mugu lies in the mountainous north-western Karnali region of Nepal. Accessed only by mud tracks or by air, Mugu has some of the lowest Human Development Index outcomes nationally, with the district ranked 67 out of 75 in 2011.

Its small mountain villages have few or no basic services, meaning that many children are malnourished, maternal nutrition is poor and its people are vulnerable to health problems such as diarrhea.

#### Municipality and Rural Municipals in Mugu District

SN	Municipality/Rural Municipals (Gaun Palika)	Population	Number of Wards	Area (KM <sup>2</sup> )	Population Density
1	Chhaya Nath Rara Municipality	20,078	14	480.67	42
2	Mugum karmarong Gaun Palika	5396	9	2106.91	3
3	Soru Gaun Palika	12238	11	365.80	33
4	Khatyad Gaun Palika	17116	11	281.12	61
	Total	54,828	45	3234.50	

## 6. DELIVERABLES:

Deliverables should be tangible and with a defined period for submission.

Objective 1. To conduct the health facility assessment of service readiness, availability and quality of maternal and newborn care and develop health facility wise quality improvement plan (3 months)

- Deliverable 1.1- Health facility assessment and bottleneck analysis report on service readiness, availability and quality of care from all health facilities available within 3 months of signing the contract

Objective 2. To conduct household survey through Lot Quality Assurance Sampling (LQAS) to estimate coverage of key MNCH indicators.

- Deliverable 2.1- LQAS baseline survey questionnaire for different modules within 1 month of the signing of the contract
- Deliverable 2.2- Draft baseline report of the initial findings within 4 months of the signing of the contract
- Deliverable 2.3 – Final baseline report along with data set within 6 months of the contract

Objective 3. To conduct qualitative assessment through focus Group Discussion and Key Informant Interview to understand the causality factors and existing social/cultural behaviours

- Deliverable 3.1- Guideline on Focus Group Discussion and Key Informant Interview within 1 month of signing of the contract
- Deliverable 3.2-Final report on qualitative assessment of causality factors within 6 months of the signing of the contract

## 7. QUALITY ASSURANCE

This project will be managed by the Health section at the UNICEF Nepal office and UNICEF Field office under the technical guidance and leadership from MOHP.

A technical reference group will be formed internally within UNICEF, consisting of experts from Health Section; Social Policy, Evaluation, Evidence generation (SPEE) Section; Communication for Development (C4D) Section and representative from Nepalgunj Field Office. Members of the reference group will be engaged and consulted at key milestones of the research process such as review of the TORs and project reports.

Selection of the implementing agency will be made through an open and competitive bidding process as per UN rules. Review of technical proposals will be done by at least three members of the reference group mentioned above.

The research team will report to Health Specialist (Maternal and Neonatal Health) at UNICEF Nepal Country Office who will serve as the key contact point. Quality Assurance of the project implementation will be done by UNICEF Nepal Country Office and the Province 6-7 field offices.

## 8. PROPOSED PAYMENT SCHEDULE

Payments to be based on the following outputs to deliverables as delivered, certified upon review by UNICEF Nepal.

S.N.	Key Deliverables	Percentage	Remarks
1	Completion of the first deliverable	40%	
2.	Completion of the second deliverable	40%	
3.	Final consolidated report and power point presentation of all the trials in Nepal	20 %	

## 9. CONTRACT SUPERVISION

The contracted institution/firm will be supervised by Maternal and Neonatal Health Specialist, UNICEF Nepal Country Office. The service provider is responsible for their own working conditions and to ensure continuity of service and quality support as needed for timely implementation.

## 10. QUALIFICATIONS AND EXPERIENCE REQUIRED

The minimum qualification for the firm is to have expertise and experience as follow:

1. At least 3 years of experience in implementing quality improvement package for maternal newborn and integrated management of neonatal and childhood illness (IMNCI),
2. Experience in implementing the training and quality improvement package

3. Right mix of professionals with education background (advanced university degrees) in disciplines relevant to (i) Obstetrics, (ii) Pediatrics, Planning, Monitoring, Evaluation, (iii) midwifery and (iv) Public Health
4. Good understanding of UNICEF Maternal and child health program strategies and Nepal Health Sector Strategy, and
5. Strong analytical skills with the ability to write in a clear and practical manner.

Companies/Institutions interested to apply for this study must be legally registered and must have extensive experience in quality improvement for maternal and newborn health in Nepal. It is expected that the references are provided to demonstrate its experience over the last 2 years.

**Research Team:**

The agency should comprise of a strong team of researchers and technical experts led by technical and academic qualification as below

- **Team Leader:** MPH in Global health or health related fields
- At least 10 years of professional experience in the field of research on maternal and newborn health
- A strong expertise with the use of qualitative (IDI/FGD) and quantitative (LQAS) research methods,
- Documented experience in leading large scale implementation teams
- Substantive knowledge on child health and community based interventions in Nepal
- Excellent oral and written communication skills in English
- Previous working experience with the UN or external development agencies is an asset

For other team members, it is the responsibility of the selected implementing agency to provide a strong team that can successfully meet all requirements of the TOR. The composition of the team, CV's of proposed team members and roles and responsibilities should be clearly articulated in the technical response to this RFP.

**Due to the intensive nature of the study, the experts are ideally expected to work through-out the contract period.**

**11. APPLICATION AND EVALUATION PROCESS**

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspects of the offer, followed by review of the financial offers of the technically compliant vendors. The proposal obtaining the highest overall score after adding the scores for the technical and financial proposals together, that offers the best value for money will be recommended for award of the contract.

The **Technical Proposal** should include but not be limited to the following:

- **Supply of services**

Approach to services requirement detailing how to meet or exceed UNICEF requirements for this assignment

- **Company Profile**  
Ensure to include information related to the experience of the company as required and outlined in item 10 of this document.
- **References**  
Details of similar assignments undertaken in last *three* years, including the following information:
  - Title of Project
  - Year and duration of project
  - Scope of Project
  - Outcome of Project
  - Reference / Contact persons
- **Work Plan**  
Proposed work plan showing detailed sequence and timeline for each activity and man days of each proposed team member
- **Team Composition**  
Title and role of each team member
- **CV's**  
CV of staff responsible for the implementation of IVR services  
Ensure to include information related to the qualifications and experience of each proposed team member as required and outlined in item 10 of this document.
- Any project dependencies or assumptions

The **Financial Proposal** should include but not be limited to the following:

Bidders are expected to submit a lump sum financial proposal to complete the entire assignment based on the terms of reference. The lump sum should be broken down to show the detail for the following:

- **Service cost:** This should include the cost related to project planning and coordination operational cost.
- **Travel Costs**  
All travel costs should be included as a lump sum fixed cost.  
For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal.  
A breakdown of the lump sum travel costs should be provided in the financial proposal.
- Any other costs (if any) Indicate nature and breakdown
- **Copy of the company registration**

- **Recent Financial Audit Report**

Report should have been carried out in the past 2 years and be certified by a reputable audit organization.

Bidders are required to estimate travel costs in the Financial Proposal. Please note that i) travel costs shall be calculated based on economy class fare regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed the applicable daily subsistence allowance (DSA) rates, as propagated by the International Civil Service Commission (ICSC). Details can be found at <http://icsc.un.org>

## 12. EVALUATION CRITERIA

Cumulative Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this TOR is split between technical and financial as follows:

70	%	Technical
30	%	Financial
100	%	Total

The evaluation criteria for the technical proposal is as below

Technical Criteria	Description	Maximum Points	Sub Points
<b>Overall Response</b>	Completeness of response	5	2
	Overall concord between RFP requirements and proposal		3
<b>Company/key personnel/individual consultant</b>	Range and depth of experience with similar projects	35	10
	Samples of previous work		10
	Key personnel: relevant experience and qualifications of the proposed team for the assignment		15
<b>Proposed methodology and approach</b>	Detailed proposal with main tasks, including sound methodology to achieve key outputs Proposal presents a realistic implementation timeline	10	10
	<b>Total</b>	<b>50</b>	

Only agencies scoring 70% of the total allocated technical score (35 and above) will be considered for financial evaluation.