

## **Terms of Reference (TOR)**

### **Endline Assessment on the Impact of USAID Health and Hygiene Activity's Interventions**

#### **1. Organizational Background**

DevWorks International is a not-for-profit organization with a long presence in some of the poorest countries in Asia, Africa, and Latin America. DevWorks International works across five focus areas: WASH, agriculture, natural resources management, youth, and governance. Since 2011, the organization has been contributing to WASH sector development through a combination of advisory services, knowledge brokering, advocacy, and developing capacities at federal, provincial, district, and Rural Municipalities/Municipalities (RM/Ms) to work at scale with quality. Under its WASH Sector portfolio, the organization is currently implementing USAID's Health and Hygiene Activity (HHA), also known as "*Swachchhata*," in Nepal.

#### **2. Project Background**

HHA aims to contribute to USAID Nepal's Country Development Cooperation Strategy (CDCS) goal of "A more self-reliant, prosperous and inclusive Nepal that delivers improved democratic governance and **health** and education outcomes." With the overall purpose of improving the health status of communities by integration of hygiene in health services, HHA adopts an integrated approach with a dual focus on improving quality of health service delivery and hygiene. DevWorks International is implementing HHA with technical support from a Nepali private consulting firm for WASH infrastructure construction. HHA currently targets seven districts – East Rukum in Lumbini Province and Dolpa, Jajarkot, Salyan, West Rukum, Surkhet and Dailekh in Karnali Province. HHA supports construction/rehabilitation of WASH facilities and other on-site infrastructure for the purpose of enhancing the service readiness of healthcare facilities vis-à-vis infection prevention and control, Provider Behaviour Change Communication (PBCC), and Behaviour Change Communication (BCC). HHA's approach engages stakeholders across the spectrum of governance structures– from local community members and healthcare facility (HCF) staff to M/RMs, Ward, Provincial, and federal government officials.

Since 2016, HHA has supported 181 HCFs with some combination of WASH infrastructure construction/rehabilitation for safe drinking water supply, sanitation and/or hygiene facilities, healthcare waste management systems and/or solar power systems in the above-mentioned districts. HHA has also provided infection prevention and control and PBCC trainings in 248 healthcare facilities.

HHA recognizes two intermediate results as being crucial for achieving the project purpose of improving community health status by improved integration of hygiene in health service delivery. These can also be termed as the long-term outcomes of the project.

**Intermediate Results:**

- Improved quality of health service delivery
- Improved hygiene practices

Achieving these results in turn requires that:

- HCFs have well-functioning and well-maintained WASH facilities, electric supply, and waste management systems.
- Infection prevention and control knowledge, tools, and protocols are in place at the HCFs.
- HCF staff practice good hygiene procedures and proactively provide counselling to clients on healthy sanitation and hygiene behaviours.
- HCF staff employ outreach mechanisms targeting WASH BCC to mothers' groups and communities, especially women and disadvantaged populations.

**3. Purpose and objectives of the assessment:**

USAID's HHA has completed construction/rehabilitation of WASH facilities and carried out IPC/PBCC interventions in its seven working districts in base and extension periods (2016-2024). HHA plans to assess the functionality of these WASH and other on-site infrastructures and IPC/PBCC service readiness in targeted HCFs. It is expected that HHA will widely share findings with respective M/RMs, district, provincial and federal level stakeholders, among others, during close out events.

Thus, the overall purpose of the assessment is to identify the status of WASH and other on-site infrastructures through a functionality assessment, as well as the status of service readiness in 46 HCFs (25% of the 181 HCFs that received some physical infrastructure improvements and IPC and PBCC activities utilizing a mixed methodology approach of collecting both qualitative and quantitative data. HHA's baseline data will be compared against its endline data for these selected HCFs. The key objective of the assessment is to:

***I. Functionality Assessment***

- measure the following project performance indicators including :
  - Number of HCFs with functioning water supply schemes
  - Number of HCFs with handwashing stations (near toilets, in facility rooms and/or at the entrance of the buildings) that are functional
  - Number of HCFs with toilets that are functional and in hygienic condition
- identify the operational and functional status of WASH and any other on-site infrastructures (water supply, sanitation, healthcare waste, and solar) in HCFs.

- understand the gaps in the functionality and operation and maintenance of drinking water supply schemes and sanitation facilities, solar, and health care waste management systems.
- assess the present technical and financial support required for the sustainability of the WASH infrastructures in terms of both the mechanisms/channels and costs required.
- assess the impact of construction/rehabilitation of WASH facilities, and solar and health care waste management interventions (where applicable) through Focus Group Discussions, (In-Depth) Interviews, and client satisfaction surveys, including changes in perceptions and behaviour of healthcare workers to carry out their job responsibilities, and changes in client satisfaction, with use of these facilities Responses will be tested for any correlation with functionality of the facilities at the specific HCFs.
- assess how the recent Jajarkot earthquake impacted/did not impact the functionality of the WASH infrastructures in HHA-supported HCFs and what factors contributed to resiliency of the infrastructures. Provide recommendations if any to improve the resiliency of these infrastructures to withstand future disasters.
- document lessons learned and best practices (e.g. on the three dialogue process used for all infrastructure investments, management of construction activities, and quality of construction) for the sustainability of WASH activities for dissemination to donors, government stakeholders, and partners.

## ***II. Service Readiness Assessment***

- measure the following project performance indicators:
  - % of HF's with a high performance on Readiness Score for quality of health service delivery with respect to adoption of infection prevention measures in the HF's.
  - % of health workers (HWs) observed performing hand hygiene behaviour before attending patient
  - % of Health Workers integrating WASH communication effectively in client counselling
- identify the gaps in the service readiness of health facilities with respect to Infection Prevention and Providers' BCC.
- measure client perspectives and satisfaction towards the service they are receiving from local health facilities.
- assess the impact of IPC/PBCC and BCC interventions) through Focus Group Discussions, (In-Depth) Interviews, and client satisfaction surveys, including changes in perception and behavior in healthcare workers' carrying out their IPC/PBCC/BCC-related job responsibilities, and changes in how they feel better prepared (or not) for future pandemics, such as COVID-19. Responses will be tested for any correlation with IPC service readiness scores of the specific HCFs from baseline to endline.

- generate lessons and best practices (e.g. on the IPC/PBCC and BCC cascading approach) for dissemination to donors, government stakeholders, and partners

### ***III. Further Learning***

- To understand what the promising implementation approaches were driving high performance among targeted healthcare facilities with respect to WASH and related infrastructures, Infection Prevention and Control, and Provider Behaviour Change Communication.
- To understand how HHA interventions have contributed to the Government of Nepal's Minimum Service Standards at health post-level, including related to governance and management.
- To understand the status of financing of operation and maintenance funds for infrastructure and related infection prevention and control expenses at healthcare facility and RM/M levels and how much needs to be maintained in these funds to sustain HHA's interventions.
- To understand whether HHA's provider's behaviour change communication approach have had spillover effects to communities (through client surveys).
- To understand what lessons are learned from HHA that can inform gender integration and social inclusion (GESI) integration and enhanced participation of women and marginalized groups.
- To understand what opportunities, exist to further WASH in HCF and related-IPC strengthening (governance and leadership, financing and accountability, management, information systems, supply chain, civil society participation, etc.)
- To understand what challenges, exist to further WASH in HCF and related-IPC strengthening (governance and leadership, financing and accountability, management, information systems, supply chain, civil society participation, etc.)

## **4. Scope of Work**

The Endline Assessment will be led by an external consultancy firm/company in close coordination with the HHA team. The HHA team will facilitate and support the consultants on clear understanding of HHA's program approach, data collection tool and other support required to perform field data collection and training to enumerators. The consultants/consulting firm will be responsible for undertaking the following tasks not limited to:

### **4.1 Review of relevant literatures:**

- Project documents (original baseline and mid-line reports, results framework of the Project, performance indicator reference sheets).

### **6.2. Prepare current assessment tools and methodology and develop a plan of action:**

- Review and finalize the assessment questionnaire and relevant tools, checklists, data collection formats, etc.
- Design mobile application for data collection.
- Prepare detailed plan of action.

- Train survey team including enumerators.
- 6.3. Collect data from different sources
  - Collect relevant data from secondary sources.
  - Collect primary data from field visits using the different tools and techniques developed and agreed with the HHA team.
- 6.4. Data analysis and draft report preparation
  - Analyse the data in line with the performance indicator reference sheets
  - Prepare draft report.
  - Share the draft report and final data sheet with HHA team for comments.
- 6.5. Submit final report as per the agreed reporting structure.

## **5. Methods and Tools**

The assessment is expected to be carried out as a cross-sectional survey design. The assessment should be carried out in 25% of HCFs in each of the seven districts (Dolpa-12, Jajarkot-29, Rukum East-10, Rukum West-21, Salyan-37, Surkhet-31, and Dailekh-40) where HHA has supported WASH infrastructural and IPC and PBCC activities. HHA supported a total of 181 HCFs. The data collection will be done using the following methods:

- Review of reports and records
- Semi-structured interviews and observations
  - Functionality assessment of WASH and other on-site infrastructure
  - Infection Prevention and Control service readiness
  - Effectiveness of program approaches and interventions
- Non-participatory observation of health workers
  - Provider Behaviour Change Communication (PBCC)
  - WASH messages
- Focus group discussions/interviews with health facility In-charge, nursing service providers, HFOMC, WUSCs, RM/M stakeholders and district stakeholders.
- Client satisfaction surveys

HHA has developed study tools during previous assessments in the districts; however, the tools need to be revised according to the current needs of the assessment. The final tools should include:

- I. Semi-structured questionnaire for interview
- II. Semi-structured questionnaire for observation
- III. Non-participatory observation checklist for Providers Behaviour Communication Change
- IV. Client exit/satisfaction surveys, including to check if clients were made aware of five critical WASH messages from their healthcare provider(s).
- V. Qualitative information for interview/focus group discussion.

Data will be collected from multiple stakeholders such as RM/M representatives, health facility operation and management (HFOMC) and Water Users and Sanitation Committee (WUSC) members, HCF staff and clients. Data collection will be conducted using the mobile application (specifically, mWater) and the data from the assessment will be entered directly into mobile devices and uploaded on a dashboard. The dashboard will serve as a secure platform for the data and will also be downloaded as excel sheets and stored safely. The raw datasets should be shared only with the Project team and not made accessible outside the Project.

## **6. Study Team**

The study team will be led by a team leader and data analyst/researcher with more than seven (7) years of experience in research and the WASH sector, preferably having technical knowledge of health and construction-related works. Enumerators with a clinical background with at least one year of experience are preferred *or* with a health background with a minimum of three years of experience in health and WASH-related field is required.

## **7. Assessment Timeline**

The assignment is estimated to commence on or about April 1, 2024, to be completed within a period of 30 days.

## **8. Key deliverables with timeline**

- Final survey instruments in English and Nepali
- Final data set and preliminary results tables within seven (7) days after the completion of fieldwork
- Draft report within seven (7) days after the completion of fieldwork
- Final Report (soft copy & hard copy) within seven (7) days after the feedback received on the draft report

## **9. Budget and Payment Modality**

The firm/company shall submit a financial proposal with detailed breakdown in Excel, including unit costs and applicable taxes at the time of proposal submission. The Project seeks the consultant offering value-for-money while ensuring quality. The payment will be made in three installments as follows:

- (i) **First Installment:** 30% of the total contract value as a mobilization payment after signing the contract. The consultant shall send the formal request for this mobilization.
- (ii) **Second Installment:** 30% of the total contract value payment will be made after field data collection work is completed. The invoice should be based on the status of progress of activities and the performance of team members in fulfilling their

technical responsibilities as per the agreed workplan and its requirements and intended outputs.

- (iii) **Third/final Installment:** 40% of the contract value will be paid after submission of final report accepted by the relevant HHA staff.

## **10. Eligibility to Apply**

The ToR is open to registered Nepalese research companies or related consulting firms. The Consultant/firm should be registered under the Companies Act of the Government of Nepal. The Consultant/firm must have proven knowledge and experience of the work in the relevant areas. The company/firm should be capable of conducting the proposed functionality and service readiness assessment using mobile technology in HHA districts on time with quality. The bidding consultancy firm/company must submit each of the following documents to qualify for the selection process.

- ✓ Supporting documents
  - Copy of Company Registration
  - Copy of VAT registration
  - Copy of Tax clearance certificate for last fiscal year
  - Copy of Past three years' financial report including audit reports
- ✓ Technical proposal
- ✓ Financial proposal

## **11. Management of the work:**

The selected company/firm shall manage the assessment and be accountable for the timely delivery of the expected quality service. The selected company/firm shall perform the task in coordination with the HHA team.

## **12. Right to Reject, Waive, and Negotiate:**

Issuance of this ToR does not constitute an award commitment on the part of the Project nor a commitment to pay for costs incurred in the submission of a proposal. DevWorks International reserves the right to accept or reject any proposal and cancel the solicitation process and reject all proposals at any time prior to the award without incurring any liability to the affected bidders and any obligation to inform the affected bidder on the grounds. DevWorks International reserves the right to amend the TOR, if deemed necessary.

## **13. Proposal Evaluation:**

The technical and financial proposals will be evaluated separately and can receive maximum scores of 70% and 30%, respectively. The proposals evaluation is based on the following criteria:

SN	Criteria	Score
<b>A.</b>	<b><i>Technical Proposal</i></b>	<b>70</b>
1	Organizational Experience (including references of relevant experience)	15
2	Technical part - Understanding of Terms of Reference, methodology, approach, plan for training enumerators, data analysis strategy and timeline	40
3	Human Resource	15
<b>B.</b>	<b><i>Financial Proposal (value for Money)</i></b>	<b>30</b>
4	Detailed Budget	20
5	Budget narrative other relevant documents	10
	<b>Total</b>	<b>100</b>

#### 14. Closing Date and Submission Process

The interested firms/companies must submit their technical and financial proposal by **17:00 hrs, Wednesday, March 27, 2024** with the subject marked **"REF: WASH in HCF Assessment 2024"** via email at [mchaudhary@devworks.org](mailto:mchaudhary@devworks.org) or hardcopy documents to the DevWorks International Field Office in Surkhet as indicated below:

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