

TERMS OF REFERENCE

STRENGTHENING THE GOVERNMENT’S HEALTH MANAGEMENT INFORMATION SYSTEM FOR NUTRITION

Nutrition International and ENRICH

Nutrition International (NI) is a Canadian-based international non-governmental organization (NGO) dedicated to improving the health and nutrition of the world’s most vulnerable- especially women and children. NI is part of a consortium of NGOs implementing the Enhancing Nutrition services to Improve Maternal and Child Health (ENRICH) project. The ENRICH project is funded by Global Affairs Canada (GAC) and World Vision Canada, targeting four countries in Africa (Kenya and Tanzania) and Asia (Bangladesh and Myanmar). The consortium includes World Vision, NI, Harvest Plus, and the University of Toronto. The project is being implemented over a five-year period, concluding in 2020. The ENRICH project seeks to contribute to the reduction of maternal and child mortality by improving the nutrition of pregnant women, infants and young children during the first 1,000 days – from conception up to two year of age. The Lancet Series on Maternal and Child Nutrition (2013) identified key nutrition-specific interventions and programmes critical in the first 1,000 days (and in advance of this window) that could improve the health of women and girls throughout life and enhance fetal and child growth and development.

Under-nutrition is a major public health concern in Bangladesh, severely limiting the development of individuals and the country. Though there has been significant progress in tackling undernutrition, 36.1% of the children under five years of age are stunted, 14.3% are wasted and 32.6% are underweight.¹ For this, the ENRICH project takes a comprehensive approach to improve the delivery of essential nutrition services that targets the first 1000 days of life, including health systems strengthening; promotion of the consumption and production of nutrient-rich and fortified foods; micronutrient supplementation; infant and young child feeding and hygiene promotion; maternal nutrition; and policy engagement and advocacy.

The project is expected to increase the access to basic nutrition and health services of a total of 2.09 million people – 800,000 women and 740,000 children. In Bangladesh, ENRICH is being implemented in Thakurgaon district and is expected to directly benefit 404,343 people, of which 58 percent are children under two years and pregnant and lactating women.

Background and Rationale for HMIS Review

Timely and reliable data is crucial for determining the factors that contribute to poor nutrition and health status of women and children. Moreover, quality health and nutrition data is essential to advocate for any change in policies, strategies and programs.

¹ BDHS 2014.

Currently in Bangladesh, the Institute of Public Health Nutrition (IPHN) supports the mainstreaming of nutrition interventions within the regular services of Director General of Health services (DGHS) and Director General of Family planning (DGFP) two Directorates under the Ministry of Health and Family Welfare (MOHFW). However, these two Directorates have different systems in place to collect health and nutrition data and variations of indicators collected.

DGHS has been using a health management information system (DGHS-MIS) where data is collected, routinely at the health facilities through paper registers and then health workers directly enter the data into an online software called District Health Information System (DHIS2) where it can be aggregated. DHIS2 provides a portal where data can be demonstrated through charts, reports, pivot tables and dashboards. In 2013, the Nutrition Information and Planning Unit (NIPU) was established in IPHN to integrate nutrition indicators within the existing HMIS of DGHS.

The DGFP has a different system to the DGHS. The DGFP collects nutrition indicators through its own management information system (DGFP-MIS). This system uses register/form-based data collection that is uploaded electronically from the sub-district level but the system does not use advanced features like DHIS2 and is not fully functioning.

Both DGHS and DGFP provide similar nutrition services, however, the nutrition indicators are not harmonized in their respective health management information systems (HMIS). Some important nutrition indicators are not included in the information management systems such as micronutrient powders (MNP) and zinc and ORS or indicators that require revision such as iron and folic acid. For example, MNP programs are currently ongoing through both DGHS and DGFP, however, only the DGFP-MIS is collecting information on the number of children who received MNP sachets. This poses several challenges at the national level as government program data cannot be aggregated. Coverage related data is also not well captured, which has made it difficult to fully understand the nutrition situation in an area and track the progress of services.

In addition to the challenges of the HMIS of the two systems, health workers require refresher training on data collection and analysis, particularly on nutrition indicators as well as supportive supervision to ensure timely and quality reporting. There are currently no monitoring mechanisms or checklists to ensure quality control between the registers and the online form and health managers require further training in data analysis and programme decision making.

One of the components of the Bangladesh National Nutrition Service programme is to strengthening the HMIS for effective programme monitoring and evaluation by including both coverage and quality related indicators of mainstreaming nutrition services in DGHS and DGFP information system. Therefore, NI through the ENRICH project will support the government programme to achieve its goals. NI seeks to contract a consultant to work closely with the government of Bangladesh to strengthen the function of both the DGHS-MIS and the DGFP-MIS.

Scope of Work

The consultant(s) will work closely with focal persons from IPHN, DGHS and DGFP in the review of nutrition indicators, development of appropriate reporting tools under HMIS and training manuals, as well as district health and family planning departments to plan and coordinate trainings of healthcare workers.

1: Develop Work plan

- Detailed plan that clearly outlines key steps and timelines for completion of deliverables as outlined in the Terms of Reference and engagement with relevant stakeholders in the process.

2: Desk Review and Recommendations

- Outline the framework and methodology for the desk review of nutrition indicators.
- Review of standard nutrition indicators in internationally published literature.
- A detailed review of the nutrition indicators under DGHS-MIS and DGFP-MIS and identify critical gaps in nutrition data collection.
- A review of the 1) current approach/methods, 2) the identification of critical gaps in the processes, and 3) the quality control measures used in both DGHS-MIS and DGFP-MIS, for each of the following:
 - Data collection
 - Data aggregation
 - Data analysis
 - Data interpretation
 - Data dissemination
- Develop recommendations for the inclusion and harmonization of nutrition indicators across the two information management systems.
- Develop recommendations for improving data collection, analysis, interpretation and dissemination in these two systems.

3: Stakeholder Consultation/Interviews

- Consult with officials from DGHS and DGFP MIS Unit, IPHN, NIPU and Community Clinic Project on the scope of work.
- Consult with NI relevant staff and ENRICH consortium members on the framework and methodology of the review.
- Interview key government stakeholders at national and district level on improving nutrition data collection through key informant interviews (KII) that will be recorded and transcribed before being analyzed. Topics include challenges in the use of reporting tools, data analysis, interpretation and dissemination under HMIS and political will for the adoption of recommendations (interview guide to be shared with NI for review and approval ahead of interviews).
- Develop a draft report with findings from the desk review of existing HMIS and KII including recommendations for improved data collection, analysis, interpretation and dissemination.

4. Dissemination of Findings

- Develop a presentation from draft report on findings from the desk review of existing HMIS and KII including recommendations for improved data collection, analysis, interpretation and dissemination to conduct the dissemination workshops.
- The consultant will facilitate two dissemination workshops both at national and district level with key government stakeholders and nutrition partners to present the findings of the HMIS review and KII and to elicit feedback on proposed recommendations.

5: Develop a reporting tool under HMIS

- Modify/develop data collection and reporting tools for key nutrition indicators for both DGFP and DGHS and make sure that these indicators are aligned with operational plan of NNS, Disbursement Linked Indicators (DLI) and second national plan of action for nutrition (NPAN 2).
- Pre-testing of the tools at district level and modify as required based on feedback from government healthcare workers.
- A national level validation workshop to be conducted with key government stakeholders and nutrition partners to finalize the HMIS tool.

6: Produce Final Review Report

- The review report should incorporate the results of the desk review and the government KII interviews (analyzed together). It should include the following sections: 1. Background and rationale; 2. Objectives; 3. Design and methodology; 4. Key findings; 5. Recommendations from both the desk review and KII; 6. Challenges and lessons learned of the process 7. Conclusion

7: Modify training package and conduct training of master trainer

- Review existing training package and modify/develop the training manuals and trainer's guide, training materials, implementation plan and a detailed evaluation plan of the modules and checklist/tools for monitoring the training quality.
- Develop data analysis plan for DHIS2 and DGFP-MIS system, interpretation, data dissemination and feedback mechanism, checklist and tools for monitoring HMIS, review of monthly and quarterly performance and routinely review of district and upazila-wide progress.
- Develop a 2-day Training of Trainers (ToT), including agenda of ToT, updated manuals, trainer's guide, training materials and checklist and tools for monitoring HMIS.
- Conduct a 2-day training for master trainers from DGHS and DGFP MIS team and IPHN on the modified manual. Later these master trainers will conduct the ToTs for district level health personnel at district level.
- Conduct a 2-day ToT for district health and family planning authorities at district level on modified manual with the support from national level master trainers. These ToT participants will conduct the cascade training for frontline health workers and their supervisors at sub-district levels.

8: Policy brief

- Develop a 2-4 page policy brief on the inclusion and harmonization of nutrition indicators in HMIS with the government as the primary audience.

Deliverables

The following deliverables will be required to be submitted in electronic and hard copies to NI:

- Workplan plan
- Framework and methodology for the desk review
- KII tool both in Bangla and English for each target audience
- All field notes and interviews legibly transcribed and translated in electronic form
- Draft review report which includes the desk review and KII findings

- Power point presentation on the review of nutrition indicators under DGHS-MIS and DGFP-MIS and develop recommendations for the inclusion and harmonization of nutrition indicators across two information management systems
- Minutes and key recommendations from two dissemination workshops (national and district level) with key government stakeholders.
- Develop a finalized reporting tool after its field-tested
- Minutes and key recommendation from stakeholder validation workshop on HMIS tool
- Final review report which includes the analysis of both the desk review and KII findings
- Modified/adapted ToT-modify/develop the training manuals and trainer’s guide, training materials, develop implementation plan, data analysis plan, data dissemination and feedback mechanism, a detailed evaluation plan of the modules, checklist/tools for monitoring the training quality and checklist and tools for monitoring HMIS.
- Final training manual and trainer’s guide in English and Bangla as well as in hard and electronic copies
- Documentation on the success and challenges of training of master trainers and ToT
- Policy brief on the HMIS
- Final project and financial report

Timeline (weekly basis)

The following is the proposed time in which the activity is expected to be completed.

Activities	1	2	3	4	5	6	7	8	9	10	11
Develop workplan											
HMIS review											
Identify the indicators, develop recommendation for the inclusion to the government system and conduct consultation											
Develop interview tool and conduct KII with government stakeholders											
Facilitate the dissemination meeting with national and district level stakeholders											
Develop tool, field testing modify and finalize HMIS tools											
Validation workshop to finalize the HMIS tool											
Produce final review report which includes the desk review and KII findings											
Review and develop training manuals and trainer’s guide, training materials, develop implementation plan, data analysis plan, data dissemination and feedback mechanism, checklist and tools for monitoring HMIS											
Conduct Training for master trainer											

Guidelines for Submission

Interested consultants should send submit the following:

1. Proposal, outlining understanding of the tasks, framework and methodology for the review, process for developing tools, implementation plan, summary workplan and budget.
2. Curriculum Vitae and qualifications of the consultant (consultant should add 3-5 sentences or bullet points highlighting relevant qualifications and summarizing previous relevant experiences).

Proposals should be submitted via email to: proposalsbangladesh@nutritionintl.org.

Deadline for submission of proposal is COB Saturday 23 March 2019.

Question regarding this Call for Proposal may be sent via email to the following email address:
proposalsbangladesh@nutritionintl.org.

ANNEX A. BUDGET TEMPLATE

Budget: Strengthening the Government's Health Management Information System for Nutrition							
Sl. No.	Approved Budget Items	UNIT Description	UNIT	UNIT COST (BDT)	QUANTITY	TOTAL (BDT)	REMARK
A	PERSONNEL FEES						
1.	Name and designation	<i>day</i>	<i>30</i>	<i>23,932</i>	<i>1</i>	<i>717,960</i>	<i>example</i>
2.	Name and designation						
	Sub Total of A						
B	EXPENSES						
1	Activity 1 (description)						
a	X						
b	X						
c	X						
2	Activity 2 (description)						
a	X						
b	X						
c	X						
3	Activity 3 (description)						
a	X						
b	X						
c	X						
4	Activity 4 (description)						
a	X						
b	X						
c	X						
	Sub Total of B						
C.	TOTAL COSTS						
1	Total direct costs (A + B)						
2	Indirect Cost Recovery (no more than 10%)						
	Total						

**Please provide detailed breakdown of budget for each of the activity