**TERMS OF REFERENCE**

**Strengthening the Government’s Health Management Information System for Nutrition**

**About Nutritional International and ENRICH Project**

Nutritional 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 five countries in Africa (Kenya and Tanzania) and Asia (Bangladesh, Pakistan and Myanmar). The consortium includes World Vision, NI, Harvest Plus, and the University of Toronto. The project will be implemented over a four-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.

As a result, 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 essential nutrition and health services to a total of 2.09 million people – approximately 835,000 women and 740,000 children. In Bangladesh, ENRICH will be implemented in Thakurgaon district and is expected to directly benefit 234,500 pregnant and lactating women and young children, and nearly half a million people in total.

**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.

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 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 information management 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 e.g. Micronutrient Powders and Zinc; or require revision e.g. Iron and Folic Acid. For example, micronutrient powder (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 to 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.

**Objectives of Consultancy**

1. To improve nutrition data collection and reporting through DGHS-MIS and DGFP-MIS for routine monitoring and assessment of the nutrition situation; and
2. To strengthen healthcare workers capacity in data management, analysis and utilization in nutrition programme formulation.

**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 Workplan 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.

1. **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 and presentation 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.

1. **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 e.g. challenges in the use of reporting tools, data analysis, interpretation and dissemination under HMIS and political will for the adoption of recommendations.
* Disseminate findings of the desk review, key informant interviews and facilitate dissemination workshops with relevant government stakeholders at national and district level to elicit feedback on proposed the recommendations.

1. **Develop a reporting tools under HMIS**

* Modify/develop data collection and reporting tools for key nutrition indicators.
* Pre-testing of the tools at district level and modify as required based on feedback from government healthcare workers.

1. **Modify training package and conduct training of master trainer**

* Review existing training package, modify/develop the training manuals and trainer’s guide, training materials, implementation plan a detailed evaluation plan of the modules and checklist/tools for monitoring the training quality.
* Develop data analysis plan-, 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 3 days Training of Trainers (ToT), including updated manuals, trainer’s guide, training materials and checklist and tools for monitoring HMIS.
* Conduct 3 days training for master trainers from DGHS and DGFP MIS team and IPHN on modified manual. Later these master trainers will conduct the ToTs for district level health personnel at national level.

1. **Produce Review Report**

* The review report should incorporate the results of the desk review and the government consultation meetings. It should include the following sections: 1. Background and rationale; 2. Objectives; 3. Design and methodology; 4. Key findings; 5. Recommendations with indicators on all basic nutrition interventions and a distinct section on: IFA, Zinc, MNP; 6. Challenges and lessons learned of the process.

1. **Policy brief**

* Develop a 2-4 page policy brief on the inclusion and harmonization of nutrition indicators in HMIS.

**Deliverables**

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

* Workplan plan
* Framework and methodology for the desk review
* 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 stakeholder consultations and two dissemination workshops (national and district level)
* Develop a finalized reporting tool after its field-tested
* Modified/adapted ToT- review existing training package, 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
* Desk review report
* 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** | **12** | **13** |
| HMIS review |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identify the indicators, develop recommendation for the inclusion to the government system and stakeholders consultation/interview |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Facilitation of meeting with national and district level stakeholders hosted by IPHN |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop tool, field testing, modify and finalize HMIS tools |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Produce review Report |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Policy brief |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Required Expertise**

For the purpose of this assignment, the consultant or consultancy agency should have the following:

* Agency/Consultant will have proven experience of developing nutrition related HMIS of similar types of projects.
* Agency/Consultant with at least 5-7 years of experience in conducting similar assignments including desk review of HMIS indicators, develop HMIS for nutrition related projects, produce review report and developing training manual, facilitator guidelines and training materials as per requirement, preferably for nutrition and health programs.
* Agency/Consultant should also have post-graduate or equivalent qualification/ degree in Public Health, Nutrition, or other related disciplines.
* Extensive familiarity with Bangladesh’s health system and understanding of services relating to maternal and child nutrition and health care.
* Expertise in conducting HMIS specific ToTs.
* Experience in providing consulting services and excellent track record of completion of tasks according to time lines.
* Agency/Consultant should have excellent reporting and writing skills.

**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:** [ijerin@micronutrient.org](mailto:ijerin@micronutrient.org), cc: [tkhaleque@micronutrient.org](mailto:tkhaleque@micronutrient.org)

**Deadline for submission of proposal is COB Thursday 22 June 2017.**

Question regarding this Call for Proposal may be sent via email to the following email address: [ijerin@micronutrient.org](mailto:ijerin@micronutrient.org)

# ANNEX A. TEMPLATE OF BUDGET

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Budget: Strengthening the Government’s HMIS for NI’s ENRICH Program in Bangladesh | | | | | | | |
| Sl. No. | **Approved Budget Items** | **UNIT Description** | **UNIT** | **UNIT COST (BDT)** | **QUANTITY** | **TOTAL (BDT)** | REMARK |
| A | **PERSONNEL FEES** |  |  |  |  |  |  |
| 1. | Name and designation | *day* | *30* | *23,932* | *1* | *717,960* |  |
| 2. | Name and designation |  |  |  |  |  |  |
|  | **Sub Total of A** |  |  |  |  |  |  |
| B 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 (X%) | | | | |  |  |
|  | Total | | |  |  |  |  |

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

**ATTACHMENT B: PROPOSAL SCORING CRITERIA**

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| --- | --- | --- |
|  | Scoring of Proposals: Strengthening the Government’s HMIS for NI’s ENRICH program in Bangladesh | |
|  | **Assessment Category: Technical Proposal** | **Weights** |
| No | **Capacity of Firm (A)** | **20%** |
| 1 | Experience of consultant assigned for carrying out the study (i.e. # of years work experience, similar assignments before, education) | 50% |
| 2 | Recognition and acceptance of consultant among stakeholders | 50% |
|  | **Realistic Plan and ability to accomplish the task (B)** | **80%** |
| 1 | Consultant's approach to undertake the study |  |
|  | a) methodology to review of HMIS indicators and interviews for key stakeholders | 20% |
|  | b) proposal includes governments current approach to data collection, data analysis, and use of data in program and policy applications | 20% |
|  | c) Proposal includes approach to identifying gaps and challenges to data collection, data analysis and government use of data for programming and policy | 20% |
|  | d) Proposal describes how the ToT will be conducted and explains how monitoring tools will be created and tested | 20% |
| 2 | Consultant's workplan for completing the study | 10% |
| 3 | Consultant's realistic timelines to accomplish the entire work | 10% |
|  | **Total Score - Technical Proposal (A+B) Weight at 70%** | **100%** |
|  | **Assessment Category: Financial** |  |
| 1 | Presented reasonable estimate of fees | 25% |
| 2 | Takes into consideration all potential expenses (i.e. no obvious omissions) | 30% |
| 3 | Presented realistic estimate for expenses | 25% |
| 4 | Reasonable estimate for completing the entire work | 20% |
|  | **Total Score - Financial Proposal  Weight at 30%** | **100%** |