# 1. Background

The Non-Communicable Diseases (NCD) has become a global health threat despite the country’s economic status. The major NCDs are cardiovascular diseases, cancer, diabetes, and COPD, which account for more than 68% of total global deaths (WHO, 2014). The key risk factors for NCDs are tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol. The situation of NCD in Bangladesh is quite alarming as 75% population are exposed to two or more modifiable NCD risk factors, 5% of the adult population are diabetic, and 23% are hypertensive (Zaman, 2015).

Japan has been supporting the targets and strategies of the Government of Bangladesh in achieving the Sustainable Development Goals (SDGs). To this effect, the Japan International Cooperation Agency (JICA), an executing agency of Japan’s Official Development Assistance (ODA), gives priority to strengthening social sectors, in particular, the areas of health, medical care and primary education. As for the health sector, JICA puts importance on the improvement of the basic health conditions focusing its efforts on the maternal and child health and non-communicable diseases (NCD) control. JICA provides technical cooperation to these two health sector priorities, taking advantage of its own experiences and achievements in the world.

With the view to reduce the burden of NCDs in Bangladesh, JICA has initiated its support to implement the Project for Strengthening Health Systems through Organizing Communities (SHASTO) in July 2017 and developed a model intervention in three pilot sites: Narsingdi district, Cox’s Bazar district, and Dhaka North City Corporation. The purpose of the project is “The Non-Communicable Diseases (NCD) and Maternal Health (MH) Services are improved in an integrated manner”.

The project aims at improving both NCD and Maternal Health services in an integrated manner at the pilot sites to achieve the following outputs:

1. Integrated NCD (cardiovascular diseases and Diabetes Mellitus) and maternal health services are delivered at pilot sites;
2. Hospital management is strengthened for service quality improvement;
3. NCD prevention activities are promoted in the pilot sites through working with community support groups; and
4. Good practices and lessons learned of the project are replicated

# 2. Indicators

# To demonstrate the achievements, following indicators will be measured in the endline survey.

1. Proportion of the target population (both gender and over 30 years old) received annual screening in the target areas, where the baseline data were collected;
2. Proportion of hypertension (HTN) and diabetes mellitus (DM) patients receiving appropriate treatment and care regularly (compliance) at least for the last 6 months in the target areas;
3. Prevalence of risk factors (tobacco use, unhealthy diet, salt intake and low physical activities) among the target population in the target areas;
4. Proportion of the target population, who has the knowledge on NCD risk factors;
5. Number of registered pregnant/postpartum women with NCDs, who are under the NCD treatment in the target areas;
6. Number of HTN and DM patients registered at the pilot sites;
7. Number of NCD cases referred from CC to UHC at the project areas;

# 3. Objective of the endline survey

The overall objective of the end-line survey is to measure the project’s achievements compared to the baseline data for the purpose of evaluation. The specific objectives are to:

1. Estimate the prevalence of hypertension (HTN) and diabetes (DM) at the target areas;
2. Determine the proportion of the target population (over 30 years old) received annual screening in the past one year before data collection at the target areas;
3. Determine the proportion of HTN and DM patients receiving appropriate treatment and care regularly (compliance) at least for the last 6 months at the target areas;
4. Determine the prevalence of NCD risk factors (tobacco use, consumption of unhealthy diet, and low physical activities) among the target group;
5. Assess the knowledge of the target population about NCD risk factors;
6. Determine the proportion of registered pregnant/ postpartum women with NCDs, who are under NCD treatment at the target areas;
7. Assess utilization of services (including referral from CC to UHC) for HTN and DM from the CCs, and NCD corners at the UHCs and district hospitals

**4. Methodology**

**4.1 Study design, study population and study areas:**

The endline survey will be a cross-sectional study with mixed methods (quantitative and qualitative methods). Data (**quantitative data** through questionnaire interview) will be collected from 3 CC areas of Shibpur Upazila of Narsingdi district. The target population for the quantitative data collection would be the general population (both males and females) aged above 30 years and living in the 3 selected CC areas of Shibpur Upazila, Narsingdi district.

The **qualitative data** (through KII and FGD) will be collected from Narsingdi and Cox’s Bazar districts. The target population for qualitative data collection would be the:

1. General population (both males and females) aged above 30 years and living in the 3 selected CC areas of Shibpur Upazila, Narsingdi and 3 CC areas of an Upazila (either Ramu, Sadar or Chakaria) in Cox’s Bazar;
2. Healthcare service providers of Narsingdi and Cox’s Bazar districts.

Data collection (through record review and/or MIS) from the targeted health facilities (CC, UHC and DH) would also be required to understand the utilization of services for NCDs.

**4.2 Sample size and selection of samples:**

Because of the current COVID-19 situation, it is planned to collect data from a limited number of the target population (males and females aged more than 30 years). Quantitative data needs to be collected from 3 CC (Community Clinic) areas of Shibpur Upazila, Narsingdi district. The sample size for quantitative and qualitative data collection is provided in Table 1. The target groups, for the quantitative data collection, has to be selected randomly from the selected areas (3 CC areas of Shibpur).

**4.3 Data collection tools and guidelines:**

A baseline survey was conducted at the beginning of the SHASTO project. Quantitative data from the target groups were collected using a structured questionnaire. The same questionnaire will be used for the data collection at the endline survey. However, the data collection tool may be jointly reviewed, and modifications, if needed, has to be done by the contractor.

The data collection for the qualitative part of the study will be done through FGDs of the target population and in-depth interview (IDI) of the service providers at the project sites (Table 1). The FGD and IDI guidelines that were employed at the baseline survey will be used (with modifications, if needed) for the qualitative data collection.

The data collection from the health facilities (Community Clinics and NCD corners at Upazila and district hospitals) will be done through record reviews (registers and/or MIS). Facility data will be collected from the project sites of both districts (Narsingdi and Cox’s Bazar) to assess the trend of utilization of services for hypertension and diabetes. Separate record sheets have to be used to collect such data from the health facility registers and MIS.

|  |  |  |
| --- | --- | --- |
| **Table 1. Data collection sites and sample size** | | |
| **Sample category** | **Project sites** | |
| Shibpur, Narsingdi | Cox’s Bazar |
| **Quantitative data:** |  |  |
| General population (both gender, age >30) | 460 | - |
|  |  |  |
| **Qualitative data (IDI, FGD):** |  |  |
| General population (both gender) [FGD] | 6 | 6 |
| Healthcare providers [IDI] | 10 | 10 |
| **Total (IDI & FGD):** | **16** | **16** |

**5. Scope of work**

To conduct the survey, the contractor will have to undertake the following activities:

* Develop a detail proposal for the endline survey including the data collection (sample size, sampling method, selection of samples, etc.) methods and tools (in English and Bengali). Share the proposal (in a meeting) with the project staff and stakeholders [especially with the Non-communicable Disease Control (NCDC) Program of the Directorate General of Health Services (DGHS)] for comments. Record the meeting minutes and get it signed by NCDC;
* Review the data collection tools (questionnaire and guidelines) and suggest necessary modifications, discuss with the project staff and stakeholders, and finalize them;
* Finalize the proposal incorporating all the comments from the stakeholders and submit to SHASTO project (inception report);
* Recruit the data collection team, train and deploy them at the project sites;
* Collect data (including data collection from the facility registers and MIS) from the target groups, supervise data collection and check data for consistencies in the field;
* Enter data into computer and clean data for inconsistencies and errors;
* Analyze data to fulfil the objectives and indicators;
* Prepare the draft narrative report with tables and graphs, and share it with the project staff and NCDC for comments;
* Prepare the final narrative report after incorporating the comments/suggestions from the project staff and NCDC; and
* Present the findings before the project staff and stakeholders.

**6. Deliverables**

Following are the deliverables for this assignment:

1. **Inception report:** It is the final proposal in detail, including the methodology (study design, sample size, selection of samples, and analysis plan, etc.), data collection tools, field data collection plan and timeline. Both hard and softcopies (two hard copies and a soft copy) of the inception report have to be submitted to the project office [by **25th October 2021**].
2. **Draft survey report**: Two hardcopies and two softcopies of the draft report [**by 5th January 2022**]
3. **Final Report**: Two hardcopies and 2 softcopies, after incorporating the comments from the project staff and stakeholders [**by last week of January 2022**].
4. **Cleaned raw data:** Soft copies of raw and clean datasets (in SPSS and STATA format) including the transcripts of FGDs and IDIs in Bengali and English [by the **end of the contract period**].

**7. Duration of the contract**

Total duration of the contract is 3 and a half months, beginning from **15th October 2021 till 31st January 2022.** The contractor will have to submit a detail timeframe in a Gantt chart showing the specific activities with timeline (such as inception report, recruitment and training of data collectors, field data collection, etc.).

**8. Requirements**

The interested organization/consultant should have:

* At least 5 years’ experience in conducting surveys/research studies in the field of NCDs;
* Previous experience of working with the government (especially with the Directorate General of Health Services), development partners, and local government bodies at the district, Upazila and Union levels;
* Availability of experienced and skilled human resources to collect and analyze quantitative and qualitative data; and
* Experienced staff with excellent report writing skills (in English)
* The organization must be registered with the Government of Bangladesh

**9. Submission of the proposal**

The organizations/consultants interested to bid for the endline survey have to submit two separate documents, such as:

* Technical proposal; and
* Financial Proposal

The deadline for submission of proposals is **3rd October 2021.** The proposals should be submitted through e-mail to:

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Chief Advisor, SHASTO project of JICA

House: 1A; Road: 16A; Gulshan 1; Dhaka

E-mail: [obaba7@hotmail.com](mailto:obaba7@hotmail.com)

Should you require any further clarification, please contact:

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