Terms of Reference (ToR)
for
Endline Evaluation

Maternal-Neonatal Health Care and
Family Planning (Mamota) Project

July 2020

1. PROJECT SUMMARY

Type of evaluation	**End line Evaluation by external consultancy firm**
Name of the project	Maternal-Neonatal Health Care and Family Planning (Mamota) Project
Project Start and End dates	Phase 2: January 2015 to December 2017 Phase 3: January 2018 to December 2020
Project duration	Six years (Phase 2: Three years, Phase 3: Three years)
Project locations:	Sylhet District, Bangladesh Phase 2: Companiganj, Gowinghat, Jaintiapur Phase 3: Companiganj, Gowinghat, Jaintiapur (SCANU) Balaganj, Golapganj
Thematic areas	Health and Nutrition
Sub themes	Maternal, Neonatal, and Reproductive Health, Maternal, Infant and Young Child Nutrition, Child Health
Donor	KOICA and Save the Children Korea
Estimated beneficiaries	**Phase 2:**

	Companyganj	Gowainghat	Jaintapur	Total
Pregnant women	4,196	6,931	N/A	11,127
Children under 1 month	4,062	6,709	3,775	14,546
Married women of reproductive age (15-49 yrs of age)	34,703	57,320	N/A	92,022
Total	42,961	70,960	3,775	117,696

Estimated beneficiaries	**Phase 3:**					
	Companigonj	Gowainghat	Jaintiapur	Balaganj	Golabganj	Total
Pregnant women	4,834	8,271	0	3,418	9,404	25,927
Children under 1 month	4,334	7,415	0	3,065	8,432	23,246
Sick Newborn	NA	NA	860	NA	NA	860
Married WRA (15-49 years of age)	26,670	45,633	0	18,859	51,887	143,049
Total	35,838	61,319	860	25,342	69,723	193,082

Goal (Overall objective of the project)	Improved utilization of MNH-FP services to reduce maternal and newborn mortality rate in underserved communities of Sylhet

2. INTRODUCTION

The Maternal-Neonatal Health Care and Family Planning (Mamota) Project will be concluded by end December 2020, therefore, endline evaluation will be carried out this year. The endline evaluation will assess the impact, efficiency, effectiveness and sustainability of the project during the period of January 2015 to December 2020 (Phase 2: Jan 2015 t0 Dec 2017 and Phase 3: Jan 2018 to Dec 2020) through measuring project's goal and objectives and draw out lessons.

3. PROJECT BACKGROUND

Bangladesh has committed to ending preventable child and maternal deaths by 2030. This commitment has been made in the spirit of achieving universal health coverage and is in alignment with the Sustainable Development Goals (SDGs) and Ending Preventable Child and Maternal Deaths (EPCMD). To achieve SDG target 3.1 and 3.2, Bangladesh has to bring its maternal mortality rate (MMR) down to 59 (BDHS Policy Briefs 2014) from the current level of 170 per 100,000 live births and neonatal mortality to 12 or fewer deaths per 1,000 live births and under-5 mortality to 25 or fewer deaths per 1,000 live births.

For decades, Sylhet division has lagged behind other regions in health indicators, and over time this trend has not changed significantly- details are available in in Annex: 1. For example, MMR nationally has declined from 322 per 100,000 live births in 2001 to 181 in 2010 (a 78% reduction). In Khulna division, MMR declined from 352 to 60 (an 83% reduction). During the time period, in Sylhet division MMR only declined from 471 to 425 (less than 10% reduction). Neonatal Mortality Rate (NMR) in Sylhet division was 28.2% higher in 2014 than national average (28 vs. 39 per 1,000 live births).

Bangladesh Maternal Mortality and Health Survey (BMMHS) 2010 estimates that two causes, eclampsia (hypertensive disorders) and hemorrhage (bleeding, particularly after delivery), contribute to about half the maternal deaths. As Antenatal Care (ANC) utilization is low and home births are the norm, both issues require community based identification and management by service providers. Bangladesh Demographic and Health Survey (BDHS) 2011 shows that only 4 cause account for 68% of all neonatal deaths (these are birth asphyxia, pre term birth, pneumonia and infection). Neonatal deaths constitute 60% of all under five child deaths.

Birth without skilled birth attendance (SBA) is considered as the most significant contributor to maternal and newborn deaths. In Bangladesh, still child birth at home without presence of SBA is very high (68%) and Sylhet division has higher (73%) than the national rate. A community based intervention is required to address the preventable causes of maternal and newborn deaths.

Even within Sylhet division, Sylhet district has been at particular disadvantage, and significant disparities and variation in health service utilization. The major contributors to the lower rates of key health indicators in the project areas are HR vacancies/absenteeism in UH&FCs, inadequate outreach activities, lack of ANC logistics and essential medicines, high treatment costs, low community awareness and minimum local government participation in maternal, neonatal health and family planning (MNH-FP) activities etc.

Huge Vacancy in Sylhet: In Bangladesh, the current health workforce is insufficient to provide necessary health care services. Needs special emphasis for ensuring active health workers in the remote areas. In Sylhet district, service providers for UH&FWCs and outreach sites have various level of gaps in sanctioned vs. vacant positions ranging from 8% to 49% – please see Annex 3: Table 2.

Shortages of paramedics has been a critical gap, as these are the only service providers at the union level, covering populations of 26,000 to 30,000. The Ministry of Health and Family Welfare (MOHFW) has been actively recruiting to fill these vacancies, however due to budget limitations and inefficient bureaucratic approval processes involving the Ministry of Finance, it is unlikely that these positions, will be filled in the near future. Save the Children (SC) has been actively advocating with government to recruit paramedics, with some success. Temporary service providers are needed to ensure immediate availability of services in underserved areas.

Huge gaps in family planning services in Sylhet: BMMHS 2010 also identified family planning as a factor significantly contributing to reductions in maternal mortality, contributing to a 7% reduction since 2001. Deaths among young mothers (under 21) has declined consistently due to increased birth spacing and delayed pregnancy. Contraceptive use is lower in Sylhet division, and unmet need is higher, according to the BDHS 2014. The preferred contraceptive method-mix at national and district levels are oral pills and injectable (Depo-Provera), which are commonly distributed by FWAs and FWVs. However, high rates of vacancies of these providers in Sylhet result in gaps in outreach family planning services. Again, temporary health providers can fill these gaps and provide these critical family planning services.

With the support of Ministry of Health and Family Welfare (MOHFW), Mamota project has been working to improve the health and family planning situation at selected Upazilas in Sylhet district. The project supports for increasing access to quality health and family planning services. The project is funded by Korean International Cooperation Agency (KOICA) through Save the Children Korea and implemented by Friends In Village Development Bangladesh (FIVDB).

Goal: Improved utilization of MNH-FP services to reduce maternal and newborn mortality rate in underserved communities of Sylhet.

Objectives:

1. Increased availability of quality MNH-FP services
2. Improved quality of MNH-FP services at the facility and community level
3. Increased awareness and strengthen support of local govt. institutions

Major intervention:

- Deploy and capacity building of health service providers at Upazila, Union level facilities
- Upgrade Union level health facility to provide 24/7 normal delivery and newborn service
- Conduct supervisory and mentorship visits
- Expand services through strengthened satellite clinic
- Strengthen transportation system for emergency cases
- Creation of emergency fund for transfer of complicated cases
- Functioning of union education, health and family planning (UHFP) standing and UHFWC management committees
- Engage school based adolescents in raising awareness and promotion of MNH services

- Conduct advocacy meeting (National/district/upazila/ union/community level)

Target group:

- Women of reproductive age (15 to 49 years)
- Pregnant women
- Children under 1 month
- Sick Newborn
- Service provider (Union level MOHFW and Local Govt.)
- Community people

4. SCOPE OF EVALUATION

4.1 Purpose and key questions

Overall objectives:

The overall objective of the endline evaluation is to assess the impact, effectiveness, relevance and sustainability of the project.

Specific objective:

- Assess Maternal, Neonatal Health-Family Planning (MNH-FP) services in project location and quality of these services.
- Evaluate supporting mechanism of local govt. institutions, e.g. Union Parishad.
- Measure the capacity of service providers to support quality services, clinical practices, and referral mechanisms
- Assess the health seeking behaviours and patterns among community people in project supported health facility catchment areas.
- Capture the lesson for future project design in other vulnerable area.

Key questions:

- Has the project ensured availability of quality MNH-FP services?
- Has the coverage and quality of MNH-FP services at facility and community level improved?
- Has the awareness among community on MNH-FP increased?
- Has the project able to engage the influential stakeholders (husband/male, religious leaders and other elite group) properly during intervention?
- Has the support of local govt. institutions towards MNH-FP increased?

Other questions:

- Are the physical capacities of the facilities to provide the services for maternal and newborn, e.g. supplies, data management systems and human resource enough?
- Has the project developed and implemented capacity-building plan?
- Has the ownership and support of key stakeholders towards the project increased?
- Has the recordkeeping and reporting management improved?
- Has the project established clinical monitoring system?
- Has the project established resource mobilization and oversight by local authority?

- What are major problems project facing to sustain its good model?

4.2 Scope

As a part of the endline evaluation, the consultancy firm will initiate contextual analysis and secondary data analysis including lesson learnt, and best practices used by the project. The consultancy firm will use data available through different national population based surveys—including BDHS, MICS and BMMS— and Policy, Guideline— to understand trends of key MNCH/FP/N behavioral and outcome indicators and other relevant issues.

The following tasks need to be carried out by the consultancy firm for the assignment;

- Conduct a briefing meeting with Sr. Advisor and Sr. Manager of the Project at the beginning of the assignment
- Review the project documents (e.g. proposals, log frame, baseline/assessment and project reports) for a comparative assessment of planned activities, outputs and outcomes in the context of current scenario.
- Field level data collection at the ground for lessons learnt, key achievements and challenges through individual interview, consultation, e.g. KII, FGD with key stakeholders, community groups and target beneficiaries.
- The key findings and recommendations from the evaluation should be discussed with the program focal.
- Conduct a sharing meeting at the final stage through a formal presentation of the endline evaluation findings with the project team and support to disseminate national level.

4.3 Stakeholders/audiences

The key stakeholders/audiences for this evaluation are:

Stakeholder	Further information
Project donor	KOICA and Save the Children Korea
Primary implementing organisation	Save the Children (Project team)
Implementing partners	Friends in Village Development Bangladesh (FIVDB)
Government stakeholders	Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP), local Government Institution (Union Parishad)
Community groups	Community Leaders, Volunteers, Adolescents, Mothers Group, existing other groups
Beneficiaries	Newborn and women including adults involved in the project and the evaluation

Dissemination: The consultancy firm will be responsible to disseminate the findings to national level stakeholders including GoB, Donor, INGOs, and Save the Children/FIVDB staff and communities, beneficiaries and children. Save the Children will organize the dissemination workshop.

4.4 Secondary Questions

Criteria and questions: The final deliverable (final report) should precisely explain the criteria through answering the questions:

Impact

- Does the project contribute to reaching higher level objectives (preferably, goal and objectives)?
- What is the impact or effect of the project in proportion to the overall situation of the target group or those effected?

Relevance

- Is the project doing the right thing?
- How important is the relevance or significance of the intervention regarding local and national requirements and priorities?
- Are the activities and outputs of the programme consistent with the intended impacts and effects?

Effectiveness

- Did the project achieve its intended outcomes?
- Are there any differences in outcomes achieved by different groups?
- Were there any unintended outcomes?
- Are the objectives of the project being achieved?
- How big is the effectiveness or impact of the project compared to the objectives planned?

Sustainability

- Are the positive effects or impacts sustainable?
- How is the sustainability or permanence of the intervention and its effects to be assessed?

Crosscutting: In addition, the following specific questions should also be considered for summative evaluations:

Gender sensitivity

- How has the project considered gender sensitivity both in the design and its implementation of activities?
- What are the gender gaps that the project addressed and what remaining aspects need to be considered further?

Inclusion

- How did the project consider inclusion of vulnerable groups, slum dwellers, adolescent mothers, extreme poor etc. in the design and its implementation of activities?

5. EVALUATION METHODOLOGY

5.1 Evaluation design and sampling

The endline evaluation will use both qualitative and quantitative methods. Data will be collected from project location, facility and community level including national level. The contracted consultancy firm is expected to prepare methodology, appropriate tools and sampling frame to meet the objectives of the study. The methodology and relevant tools should be adjusted in consultation with Save the Children, tested, and finalized before data collection.

The following methods and sample seize are suggested (these are indicative only):

Primary source:

- Conduct facility observation (at least 15 UHFWCs) for reporting, record keeping, data management, management committee, service delivery, referral system etc.
- Key Informant Interviews (at least 25) with service providers, local govt. representatives (Union Parishad), local and national level key (e.g. DGFP, DGHS) stakeholders etc.
- Focus Group Discussions (at least 15) with front line health workers, community group members, male/female/adolescent groups ect.
- Interview with women (married and unmarried) of reproductive age (at least 800) who received ANC, PNC, Delivery, FP etc. services from the selected facility or community health workers

Secondary source:

- Review relevant documents related to this evaluation (policy, guideline, strategy, reports etc.)
- Review of existing data, e.g. DHIS2, FPMIS, project MIS etc.

NB: Consultant will propose innovative and alternative ways to conduct the interview with sampled respondents, if the COVID-19 crisis continues on Oct 2020.

5.2 Data

All primary data collected during the course of the evaluation must facilitate disaggregation by gender, age, location etc. Data triangulation is expected for this evaluation. It will be a requirement of the evaluation team to source additional external data sources to add value to the evaluation. The evaluation will explore any personal and professional influence or potential bias among those collections or analysing data been recorded and addressed or mitigated ethically.

A range of project documentation will be made available to the evaluation team that provides information about the design and implementation. The Evaluation team is required to adhere to the Save the Children Child Safeguarding, Data protection and Privacy policies throughout all project activities.

5.3 Ethical considerations

It is expected that this evaluation will be:

- Ethical: The evaluation must be guided by the following ethical considerations:
  - Child safeguarding – demonstrating the highest standards of behavior towards children
  - Sensitive – to child rights, gender, inclusion and cultural contexts
  - Openness - of information given, to the highest possible degree to all involved parties
  - Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
  - Reliability and independence - the evaluation should be conducted so that findings and conclusions are correct and trustworthy

It is expected that:

- Informed consent will be used.

6. EXPECTED DELIVERABLES

The evaluation deliverables and due dates (subject to the commencement date of the evaluation) are outlined below. The evaluation team lead will advise immediately of any risks or issues that may impact on their ability to provide the deliverables by these due dates.

Deliverables and Due Dates

Deliverable	Due Date
The Evaluation Team is contracted and commences work	August 2020
The inception report and data collection tools	September 2020
Data collection	October 2020
Data and analyse	November 2020
An evaluation report (Draft Version) including the following elements: ▪ Executive summary ▪ Background description of the project and context relevant to the evaluation ▪ Scope and focus of the evaluation ▪ Overview of the evaluation methodology and data collection methods, including an evaluation matrix ▪ Findings aligned to each of the key evaluation questions ▪ Specific caveats or methodological limitations of the evaluation ▪ Conclusions outlining implications of the findings or learnings ▪ Recommendations ▪ Annexes (Project logframe, Evaluation TOR, Inception Report, Study schedule, List of people involved)	December 2020
Final Evaluation Report incorporating feedback from consultation on the Draft Evaluation Report	December 2020

7. KEY CONTACT

The study will be supervised and coordinated by Md. Nazmul Haque, Manager-MEAL (nazmul.haque@savethechildren.org).

8. EVALUATION TEAM

To be considered, the evaluation team members together must have demonstrated skills, expertise and experience in:

- Designing and conducting outcome evaluations
- Well versed in qualitative methodology
- Conducting research and/or evaluation in the field of Health and Nutrition, particularly in relation to Health System Strengthening
- Leading socio-economic research, evaluations or consultancy work in Bangladesh that is sensitive to the local context and culture, particularly child rights, gender equality, ethnicity, religion and minority groups and/or other factors

- Conducting ethical and inclusive research and/or evaluation involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways
- Managing and coordinating a range of government, non-government, community groups and academic stakeholders
- Sound and proven experience in conducting evaluations based on USAID evaluation criteria, particularly utilisation and learning focused evaluations
- Extensive experience of theories of change and how they can be used to carry out evaluations
- Report writing and presentation skills

There is a high expectation that:

- Members (or a proportion) of the evaluation team have a track record of working together.
- A team leader will be appointed who has the seniority and experience in leading complex evaluation projects, and who has the ability and standing to lead a team toward a common goal.
- The team has the ability to commit to the terms of the project, and have adequate and available skilled resources to dedicate to this evaluation over the period.
- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

9. TECHNICAL EVALUATION CRITERIA

The organization will assign a committee composed of management and technical team to evaluate the proposals submitted by consultancy firm. The selection committee will evaluate the bidders based on the criteria set below. The consulting consultancy firm is expected to provide detailed information based on the given framework to ensure fair and effective comparison. The committee reserves the right to drop a competitor that scores the least. The proposals submitted will be reviewed based on the set criteria.

Need to mention the technical evaluation criteria. It can vary but the standard practice is:

Criteria	**Score**
Technical Proposal (Proposal Review)	**60**
Appropriateness of the study design and elaboration for choosing the specified study design	20
Sampling strategy, data collection methods (including the data collection tools), and data quality assurance plan	15
Required expertise (skills) and experience of the personnel of consultancy firm to conduct the study. Testimonials will be considered while evaluating the firm.	10
Roles and responsibilities assigned in undertaking and managing the study	5
Capability of the consultancy firm (management, technical and financial capacity)	10
Total on Technical Proposal Review	60
Pass Marks (65% on Technical Proposal Review)	39
Oral Presentation on Technical Proposal (who will get at least 39 out of 60)	20
Total Technical Proposal (Proposal Review and Presentation)	**80**
Financial	**20**
Grand Total (Technical 80 and Financial 20)	**100**

Benchmark scoring point:

Step 1: To be potential candidate (consultancy org) to conduct the assessment, the bidder must score at least 65% in technical proposal of 60 (i.e. 39 out of 60).

Step 2: Who will obtain 39 (out of 60) and above will be selected for further screening through oral presentation for next 20%.

Step 3: Financial proposal will be reviewed for 20% (who will appear for oral presentation).

Step 4: The overall scoring should be considered the technical proposal and financial proposal as presented below. Finally, Save the Children will select and hire the highest scorer (consultancy org).

- Technical weight (T): 80% (Technical proposal 60, oral presentation 20)
- Financial weight (P): 20%

10. MODE OF PAYMENT

The payment will be made through the A/C Payee Cheque in favor of the contract holder, that will cover everything i.e. remuneration, field work cost, conveyance, printing, other administrative cost etc. All expenditure during survey time will be taken care of by the consultancy firm. Save the Children in Bangladesh will deduct tax, according to the TAX and VAT Regulation of the Government of Bangladesh. The payment will be made according to the following schedule:

- 25% after completion of inception report and tools development and sharing of field plan with Save the Children.
- 45% after submission of draft report including filled up tools, database and guidelines.
- 30% after submitting the final report of the study and having this accepted by Save the Children in Bangladesh.

11. ANNEX

MAJOR INDICATORS

Impact level:
Maternal Mortality Ratio (MMR)
Neonatal Mortality Rate (NMR)
Outcome level:
% of women received 1 and 4 ANC by skilled health service provider
% of delivery conducted by SBA
% of women and newborn received postnatal care (PNC) within two days by trained providers
% of deliveries conducted in health facilities where used partograph and administered oxytocin
% of functional UHFWC management committee
% of women recall at least two danger signs of pregnancy period
% of women recall at least two danger signs of newborn
Contraceptive Prevalence Rate (CPR) and Postpartum Family Planning Rate