



Request for Proposal (RfP) for End Line Survey & Project Evaluation

Title: End Line Survey and Evaluation, EMPHASIS project

Synopsis: Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support (EMPHASIS) is 5 year project funded by Big Lottery Fund of UK. EMPHASIS is a regional project implemented by CARE international in three countries; Bangladesh, India and Nepal. The project is seeking for a consultant / organization to carry out its End Line and Evaluation.

The five year project has completed its fourth year in August, 2013. The project conducted a baseline and has planned for an End line and Evaluation to assess the changes contributed by the project. The End line of the project aims to explore the changes in knowledge, attitude and practice of impact population on HIV and AIDS and safe mobility as a result of project implementation. In order to achieve project goal, the project implemented wide ranging activities to address issues around HIV and AIDS and safe mobility, advocacy, capacity building and some other special interventions; the Evaluation will be focused on assessing the overall project with a comprehensive analysis of all intervention and cost effectiveness.

The same consulting company or consultant is expected to conduct both End Line and Evaluation.

Time line: The study should be conducted and completed within 5 months after the signing of contract.

Eligibility Requirement: The consultant/Institute must have minimum ten years of experience on qualitative and quantitative research on HIV and Migration including a Masters Degree (PhD preferred) in social science or in public health. The consultant/institute should have clear understanding on the issues of HIV and Migration. The consultant/institute should have high level of qualitative and quantitative research background, analytical skills and academic writing.

Interested candidates meeting above criteria should apply by August 30, 2013 including End Line Survey and Evaluation study plan and detailed itemized budget to conduct the study. For detailed ToR, please visit www.care-emphasis.org

Please send your proposal to:

Mr. Kishore Rimal
Procurement Officer
CARE-Nepal
Email: kishore@np.care.org



Terms of Reference: End Line Survey and Evaluation of Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support (EMPHASIS)

1. Introduction

Enhancing Mobile Populations' Access to HIV and AIDS Services, Information, Support (EMPHASIS) is a 5 year project funded by Big Lottery Fund, UK, implemented in Nepal, India and Bangladesh to address HIV&AIDS vulnerability of cross border mobile populations who are moving between Bangladesh to India and Nepal to India.

EMPHASIS is piloting its initiative in the source districts of Jessore and Satkhira in Bangladesh, and Accham and Kanchanpur in Nepal; and Delhi, Kolkata and Mumbai in India as destination. EMPHASIS is also working in Benalpole (Bangladesh) / Petrapole (India) as the transit site between India and Bangladesh, Bhansar (Nepal) / Gourifanta (India) and Gaddachauki (Nepal)/Banbasa (India) as the transit site between India and Nepal.

EMPHASIS project was started on 1st August, 2009. The first year of the project was considered as a knowledge building phase as it was one of the pioneer projects to address HIV and AIDS vulnerability of migrants at source, transit and destination. Project Implementation is being conducted by partner NGOs. Therefore, project implementation started during the second year after recruitment of partners. Project implementation at ground will end by May 2014. The project will formally close on 1st August 2014.

The project is running its fifth year. An end line survey and evaluation was planned during the project baseline. The rationale was to assess the change occurred in the context of HIV vulnerability as a result of project implementation. Therefore, an end line survey and evaluation of the project is planned during the last year of the project which is expected to carry out by same consulting company or consultant.

1.1 Overall portfolio goal

To contribute to reduction of vulnerability of mobile populations (particularly women) to HIV infection across selected cross border regions within India, Bangladesh and Nepal.

To achieve the overall goal, there are three portfolio outcomes:

Outcome 1:

By the end of the grant, an effective and integrated cross border model of HIV prevention, care, treatment and support will be developed working with and impacting on a cohort of at least 141,000 direct beneficiaries consisting of mobile populations and their families and target groups at source, transit and destination locations who are vulnerable to acquiring and spreading HIV and AIDS.

Outcome 2:

By the end of the grant, the capacity of at least 30 partner organizations (including regional authorities, government agencies, border police, customs officials, research institutions, NGO, CBO and key stakeholders) engaged in the project portfolio will be significantly enhanced by 25-30% from the baseline data in order to deliver improved and integrated services to mobile populations vulnerable to HIV.

Outcome 3:

By the end of the grant, there will be increased recognition of vulnerabilities of mobile populations and demonstration of ways to address them in source and destination communities that will inform policies in the area. This will be done by raising awareness of the issue of HIV and AIDs and mobility within the regional policy environment by producing robust evidence based advocacy messages with which to lobby government stakeholders.

1.2 Major Activities and Achievements

Outcome1

- Established 38 service delivery centers including drop in centers, community resource and migrant information desk. Among these facilities 21 are at source (in Bangladesh and in Nepal), 9 are at transit and 8 are at destinations in Mumbai, Delhi and Kolkota. HIV and AIDS and migration information through peer education, referral for VCT, STI and treatment care and support to PLHIV, and access to condom are the prime services rendered through these centers.
- At regional level Cross border referral system of PLHIV's has been developed for Nepalese impact population in India.
- In order to achieve safe mobility for Nepalese migrants two information booths have been established at the transit point on the Nepalese side of the border.
- Up to May 2013 a total of 300000 impact populations have been reached with outreach activity.

Outcome 2

- Service provider's capacity building initiative taken regarding HIV related services such as STI, VCT and treatment, care and support.
- Partners' capacity building initiative taken in the area of gender, management, governance, advocacy, M&E and KM etc.
- In order to create an enabling environment for the project, communities have been sensitized on HIV and AIDS and mobility.
- In order to achieve safe mobility outcome, stakeholders at border and transit sites have been sensitized on HIV and AIDS and safe mobility.
- Learning sites have been established to test models, document the on going process, achievements and challenges

Outcome 3

- Mapping exercise done to locate high concentration of migrants at source, transit and destination.
- Mapping exercise of service providers carried out at source and destination to establish effective referral mechanism.
- A baseline study was conducted to understand impact populations' vulnerability to HIV and AIDS and migration.
- Research studies have been conducted to understand HIV and AIDS vulnerability of other emerging migrant group such as Bangladeshi Sailors and School Children of Nepal.
- To understand dynamics and barrier to access services at source and Destination, a study on migrant people living with HIV conducted.
- To understand dynamics of undocumented migration and associated vulnerability and to assess the way an intervention can be successful in such context, an Anthropological Study on Bangladeshi migrants has been conducted in India.
- Local and national level advocacy events organized.

- Informal meeting with National and Regional Stakeholder conducted.

1.3 Special Focus

Learning Site

As one of the operations research project to address HIV and AIDS vulnerability of cross border mobile population at source, transit and destination, EMPHASIS endeavors to demonstrate the projects learning by generating and showcasing evidence of the good practices. The project has specific learning themes in each country; selected according to the potential for those theme to be replicable in similar projects. The project sites that are able to demonstrate the evidence of good practices, are selected as learning sites, in order to document site specific successes that contribute to the overall goal of the project.

Focus on women

In a male dominant social structure of this region, women's social position, restricted movement and overall lack of knowledge heightens their vulnerability to HIV and AIDS. Considering these phenomena EMPHASIS has a special focus on women. The project focuses on the women's vulnerability both as a migrant and to HIV. A total of 44 spouse groups (20 in Nepal, 15 in India, 9 in Bangladesh) have been formed in three countries to reduce women's vulnerability to HIV and AIDS and mobility.

Health System Strengthening

Mainstreaming HIV and STI: this is one the focused area for EMPHASIS at the source areas i.e. Bangladesh and Nepal program operation as there is dearth need of public health system strengthening for sustainable treatment, care and support services. HIV and STI service at public health facilities has improved significantly following formal training and orientation.

Safe Remittance

Transferring safe remittance at source for Nepalese migrants was identified by the project as an essential part for safe mobility as there are cases of harassment and violence at the transit. EMPHASIS therefore, endeavored to ensure safe remittance through opening bank accounts by spouse groups and disseminating messages related to safe remittance.

2. Rationale

During the first year of EMPHASIS a baseline survey was undertaken to assess the field situation where the project was planned to be implemented.

The themes explored during baseline were

- Knowledge, attitudes, practices, behaviors around HIV and AIDS.
- Stigma related HIV and/or mobility
- Livelihoods, employment
- Histories of movement and migration, push and pull factors
- Risk behaviors of migrants, at different location, and of source communities
- Vulnerabilities of migrants and affected communities due to personal and societal factors as well as access to and availability of services, along the mobility continuum.
- Gender, age, ethnicity/caste issues.

The baseline study involved both qualitative and quantitative research designs that were carried out simultaneously in three countries along the mobility routes from Nepal to India and Bangladesh to India. Two consolidated reports compiling quantitative and qualitative data were produced for two different routes. (For details see baseline report at, www.care-emphasis.org)

During conceptualization of baseline study a follow up study plan was indicated in order to explore the change that might occur as a result of implementation of EMPHASIS project at source, transit and destination. Therefore, an End line survey is planned for the 4th/5th year of the project in order to facilitate assessment of change.

It is important to note here that the finalization of baseline was delayed due to various reasons and was finalized after almost one and half years of project activities implementation. In this regard, though base line study has strategic significance, in many cases we might not expect one to one correlation between project activities and base line survey.

3. Objective of End line

- To assess achievement towards project goal.
- To measure the overall achievements under project outcome 1 described in log frame¹.
- To compare KAP with baseline to assess the change.
- Assess whether the community environment was enabling for the cross border mobile population.

3.1. Research Questions

- Assess knowledge, attitudes, practices and behavior of impact population at source transit and destination related to HIV and AIDS.
- Assess service access as a result of referral linkage.
- To what extent EMPHASIS services were supportive to the impact population.
- To what extent the impact populations were exposed to intervention at source, transit and destination.

3.2. Methodology

The end line survey should primarily be based on a quantitative survey, complemented by qualitative methods (eg. focus groups) as appropriate. Appropriate methods and tools will be required for primary collection of primary data.

Sampling approaches for the end line survey will need to consider two key constraints. Firstly, EMPHASIS works with migrant populations, who are highly mobile between source and destination countries. Secondly, the sampling approach will not be able to consider baseline survey respondents, since a list of baseline respondents is not available.

Additional considerations for sample size determination should be:

1. Total number of country specific migrant (cross border) population.(secondary data)
2. Country specific reach (direct beneficiaries) of impact population. (Total Reach up to April 2013, India-165000, Nepal-69000, Bangladesh-66000).
3. Clustering country specific beneficiaries
-beneficiaries reached with peer education

¹ The log frame outcomes are inserted in the ToR, yet it can be provided to interested bidders on request.

- beneficiaries reached with referral and direct health services (STI and VCT/ICTC)
- beneficiaries reached with PLHIV treatment, care and support services.

The end line survey tool will be developed by modifying and revising the quantitative tools used during baseline.

4. Evaluation

To determine the relevance and fulfillment of objectives, developmental efficiency, effectiveness, impact and sustainability; an evaluation of EMPHASIS should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors.

The evaluation will use ongoing monitoring data, EMPHASIS research findings, end line findings and primary qualitative data to assess need based interventions.

4.1 Objective of Evaluation

- Assess the project according to its 3 identified outcomes areas.
- Assess effectiveness and relevance of different interventions.

4.2 Research question of Evaluation

- Assess whether the strategy of targeting migrants at source, transit and destination has been effective means of addressing migrant vulnerabilities to HIV.
- To what extent has EMPHASIS successfully increased access and usage of health services (esp. HIV/STI-related) as a result of its referral strategy?
- To assess the relevance of EMPHASIS activities to each of the migrant populations targeted by the project.
- To what extent has the intervention was able to create supportive community environment for impact population.
- To what extent advocacy initiatives acknowledged by national/regional level stakeholders and policy makers?
- To what extent has EMPHASIS strategy of working directly with migrants and also capacity building service providers been effective in reducing migrant vulnerabilities?
- To what extent can the cost effectiveness of the selected interventions/models be measured?
- To what extent has EMPHASIS contributed to the empowerment of migrant women through its activities?
- To what extent partnership processes (MoU and other paper work and how it is working on the ground) and collaboration worked in three countries?
- To what extent safe mobility and safe remittance interventions were effective?

Note: Research questions for both end line and evaluation are subject to amendments during technical review.

4.3 Methodology

EMPHASIS project should be evaluated using an appropriate combination of qualitative and/or quantitative methods using primary and secondary data. Corresponding tools will be required for collection of primary data. The evaluation should also draw on a range of information sources and documentation, including – but not limited to project monitoring data and baseline/end line survey data.

5. Time Frame

The study should be conducted and completed within 5 month after the signing of contract. Considering the strict timeline of project the extension of contract is not expected. The study design including research

instrument is expected by 2nd week of November, 2013 for review and technical input from team and research technical partner Overseas Development Institute (ODI), UK. Data collection should start by 1st week of December and draft report should be completed by 1st March, 2014 for technical review and a final end line report by March 30th 2014.

6. Roles and Responsibilities

6.1 CARE-EMPHASIS

- The project will provide the coordination support for field data collection at source, transit and destination. The project will provide necessary feedbacks as and when required. Regional secretariat of EMPHASIS in coordination with EMPHASIS country team will coordinate overall processes and will provide the support and coordinate the field in Nepal, India and Bangladesh to support the data gathering process.
- EMPHASIS Country team will make available an information package comprising of all relevant materials/background information related to the project to the consultant/institute prior to the surveys.
- Methodology and tools are subjected to review, restructure, and re-design according to suggestions from implementing country teams and research technical partner ODI, UK.

6.2 Consultant

The consultant will work closely with EMPHASIS Regional Secretariat especially Regional Research Manager and systematically complete following activities.

- Understanding of EMPHASIS services at source, transit and destination.
- Design the end line survey and evaluation develop the research instruments.
- Consultancy institute requires arranging for the ethical review of the study concept and tools.
- Consultancy institute will have to hire appropriate staff for data collection in three countries (two separate team needs to work for end line and evaluation)
- Consultancy institute will have to conduct data collection simultaneously in three countries and to conduct both the study simultaneously (end line and evaluation).
- Complete the field data collection at source, transit and destination((end line and evaluation)
- Analyze the data and produce draft reports.
- Consultancy institute has to submit end line report one month prior to evaluation report.
- Circulate the draft version of report for technical review
- Incorporate the inputs from technical review of panel members
- Contribute to extract relevant and strategic information and learning to EMPHASIS publications even if end line/evaluation survey is on the progress.

Intended processes/tasks for the consultant/Institute for End line likely be as follows

SN	Processes/tasks
1	Study relevant project documents and background information, discussions, consultations planning, produce design ,time frame etc by the consultant
2	Sharing survey instruments/ tools and consultation with regional and country team before starting the field
3	Orientation of field staff in three countries
4	Field visits/works of the consultant and field team hired (field work should continue

	simultaneously in three countries)
5	Data processing, sharing and analysis by the consultant
6	Report preparation and submission of first draft report
7	Submission of final report by the consultant

Intended processes/tasks for the consultant/Institute for Evaluation likely to be as follows

SN	Processes/tasks
1	Study relevant project documents and background information, discussions, consultations planning, produce design ,time frame etc by the consultant
2	Sharing tools and consultation with regional and country team before starting the field
3	Field visits/works of the consultant (field work should continue simultaneously in three countries)
3	Data processing, sharing and analysis by the consultant
4	Reporting preparation and submission of first draft report
5	Submission of final report by the consultant

6.3 Outputs

- Submit a final report end line and evaluation report.
- Consultancy institute /person will share all raw data with CARE (SPSS or Access for quantitative).
- Tools for evaluation (qualitative study)
- Raw qualitative data from the field.

Note: Note: the study will be the property of CARE International and the consultant must take approval from CARE (Bangladesh, India and Nepal) prior to use this report partially of fully in national or international forum or any kind of publication.

7. Qualification and Competency

- The consultancy organization/institute should have proven expertise of carrying out large scale qualitative and quantitative studies focusing ideally on both migration and HIV related issues or if not have experience on either one.
- The institute should ideally have staff from multi-disciplinary backgrounds or if not be able to recruit relevant people.
- The institute should identify two separate team for the end line and evaluation, clearly justifying different people's involvement and the roles and responsibilities of team members.
- The institute should have capacity to conduct end line and evaluation simultaneously.

8. Care Contact Person

Mirza Manbira Sultana, Regional Research Manager: mirza@co.care.org will be the contact person.

9. Logistics Support (if required)

- Consultancy organization/institute is required to provide all logistic support and research instruments as per need.
- Consultancy organization/institute is required to pay his / her and teams travel cost both in three countries.
- Consultancy organization needs to pay for any other cost such as interviewer, field trip etc.

10. Mode of Payment (if required)

CARE contact person will monitor the progress of study and the consultancy fee will be paid against the approved following deliverables.

- 25% of the consultancy fee after the approval of study design, research instruments and study plan from EMPHASIS Senior Project Director (SPD).
- 25% after the draft version study report.
- 50% after the completion of final study report and approval from SPD.

Note: This TOR includes two assignments: 1. End line survey and 2. Evaluation. The same consultant is expected to complete both the assignments simultaneously. Accordingly the budget breakdown should clearly show the cost of each assignment whereas the gross amount (total of two) would be taken as the basis for awarding the consultancy. The payment would be made as indicated above in installments after completion of said activities and submission of designated deliverables.

This is a composite consultancy package inclusive of fees, taxes, travel, per diem, accommodation and associated cost. The award would be made for the total amount of the assignment.

Next Steps:

Interested candidates are requested to submit:

- Letter of Interest (LoI) including concept note for end line and evaluation including detailed work plan, field work in Nepal in Accham and Kanchanpur, Bangladesh; Jessore and Satkhira and Mumbai, Delhi and Kolkata at destination in India. This is a fixed price contract and the consultant/institute should include all related cost while submitting the cost proposal.
- Samples of previous study reports are requested.

For an individual: updated bio-data, Identification card (Copy of Passport, Citizenship or equivalent) is required

For an institution or company: Company registration document, permanent account number (PAN) or VAT number of company and CV of proposed consultants for this assignment.

Only short-listed candidates/institutions will be contacted.

Please send these documents to: kishore@np.care.org

The deadline for submission is August 30, 2013 at 17:00 Nepal Standard time.