TERMS OF REFERENCE FOR
ENDLINE EVALUATION OF PERINATAL HEALTH PROJECT IN NAMKHANA, SOUTH 24 PARGANAS

DELEGATION: INDIA

PROJECT: - Improving the health status of mothers and children through health system strengthening in disaster prone Namkhana block of South 24 Parganas district, West Bengal

PROGRAM: - Perinatal Health

1. About Terre des hommes

Terre des hommes (Tdh) is a leading Swiss child relief non-profit organization with headquarter in Lausanne, Switzerland. The Foundation has been helping over three million children and their families in need for over 50 years, defending their rights regardless of their race, creed, or political affiliation. Tdh's mission is to improve the living conditions of the most vulnerable children by direct support, advocacy, promoting child participation for the respect of their rights, strengthening communities and institutions to better respond to children' needs. In over 30 countries, Tdh protects children against exploitation and violence, improves children's and their mother's health and provides emergency psychological and material support in humanitarian crises.

Tdh Foundation in India has been registered since 2008 as a Liaison Office and it has provided technical guidance and support to government structures and civil society organizations to defend and promote children's rights. Tdh's main programme priorities in India are Unsafe Migration, Maternal and Child health, Water, Sanitation and Hygiene (WASH) and Emergency response. Tdh's office in India is in Kolkata; and project interventions currently cover the states of Jharkhand and West Bengal. In 2023, through projects and together with local NGO partners, Tdh India has reached more than 1,53,480 beneficiaries, including vulnerable children and their families.

2. Context

Recent studies[1] indicate how Climate change impacts maternal and child health outcomes. (1) Respiratory illness – from air pollutants (pollutants, dust, and smoke) can lead to low birth weight or pre-term birth; (2) Dehydration – from extreme heat events can affect the function of kidneys in pregnant women, baby's growth early in pregnancy, and pre-term birth later in pregnancy; (3) contaminated water from flooding can lead to poor nutrition and low birth weight, and in addition, natural disasters such as floods and cyclones, can damage public infrastructure, including roads, which prevents access to public health services for essential and emergency support for pregnant women.(4) Severe stress – in pregnant women and women who have recently given birth (postpartum) and other negative mental health outcomes due to climate-related disasters associated with climate change have been linked to increased risk of pre-term birth.

The South 24 Parganas district, despite being an adjoining district to the Kolkata Metropolis, is one of the most backward districts of West Bengal. It is in the region of the Sundarbans, which is vulnerable to the impact of climatic challenges and recurrent natural disasters due to its geographical location and proximity to the Bay of Bengal[2]. In South 24 Parganas district, some progress has been made regarding antenatal care, where mothers who had at least 4 antenatal care visits increased from 75.6 % in NFHS 4 (2015-16) to 87.5% in NFHS 5 (2019-20). However, despite this progress, the status of postnatal care is still lagging, with only 67% mothers and 70% children receiving postnatal care from a skilled health service provider within 2 days of delivery as per NFHS 5(2019-20).

[1] Study on Climate Change and the Health of Pregnant Women by United States EPA

[2] Bay of Bengal is the north-eastern part of the Indian Ocean bounded on the west and northwest by India, on the north by Bangladesh, and on the east by Myanmar and the Andaman and Nicobar Islands of India.

The Namkhana block, within the district, is fragile in terms of its exposure to recurrent cyclones. Namkhana block health department data shows that out of the total pregnant women registered in the year (2020-2021), nearly 69% were detected as high-risk cases. This is a matter of real concern; coupled with the climatic challenges the population faces in this area. Due to the remoteness of the villages and riverine locations, and non-availability of the health service providers in the government facilities, pregnant women often miss their antenatal and postnatal checkups.

Project Aim: The overall aim of the project is to contribute towards reduction in maternal, newborn and U5 child mortality in Namkhana block, South 24 Parganas, West Bengal, India.

Project Objectives: To ensure quality and essential MNCH and nutrition services are available and accessible to mothers and children under 5 in the project intervention area.

Key Project Results:

- Healthcare workers deliver quality health care services to pregnant and postnatal women and their newborns.
- Health facilities are upgraded, equipped and functional.

Project activities:

The key intervention areas of the project are:

- Enabling sub health centres/ health and well ness centres for screening of high risk pregnancies by supporting point of care and testing devices (haemoglobin meter, blood pressure monitor, foetal doppler)
- Capacity Building of the health service providers (ASHAs, ANMs) on peri natal health care components with focus on screening and management of high risk pregnancies. Facilitating and follow up on antenatal and postnatal care service provision as per recommended standards.
- Facilitating identification of high-risk pregnancies and referral to government facilities to ensure early care.
- Promoting Community Engagement through mobilizing women groups for generating awareness on perinatal health care and capacitated women groups through introducing Matri Sakhi app, a digital communication tool, and also supported with revolving fund for supporting health care services in emergency.
- Improvement of WASH services in government healthcare facilities, will ensure basic level of WASH services is available in primary healthcare facilities in Namkhana block.

Project Stakeholders:

- Women and their newborns belonging to BPL (Below Poverty Line) families from the project intervention areas.
- Members of the community groups
- Health care service providers like Auxiliary Nurse Midwives (ANM); Accredited Social Health Activist (ASHA)
- Block Medical Officer of Health (BMOH)
- Local Self Government (Panchayati Raj Institutions- PRI

3. Objectives of the evaluation

The primary objectives of the evaluation are:

- To establish the progress on the indicators as mentioned in the log framework of the project,
- To assess the program outcomes using the OECD DAC framework of relevance, efficiency, effectiveness, sustainability, and impact.
- To assess the level of knowledge and practices related to MNCH in the households and community within the program geography.
- To assess the capacity of health care workers to deliver quality and timely MNCH services.
- To assess the distribution of project outcomes (intended and unintended) and impact across different social groups in the target geography from an intersectional lens.
- To provide key recommendations and suggest good practices for adaptive management and to prepare for scale.

4. Scope of the evaluation

The endline evaluation is proposed to be a quasi-experimental design consisting of a comparison and an intervention arm to assess the impact of the intervention on perinatal health outcomes in the study population. This was a prospective evaluation designed at the time of program design. Therefore, the baseline data was collected prior to the program implementation for both treatment and comparison groups. For the intervention in Namkhana, Pathar Pratima was selected as the control group for its proximity to the Namkhana block, similar geospatial characteristics, socio-economic scenario and health infrastructure. Thus, the existing baseline data measures provides information on pre-intervention outcomes across both treatment and comparison group.

Building on the existing design, the endline evaluation seeks to adopt mixed methods to approach its research objectives. Our stakeholders for the evaluation are broadly divided into two groups: health service providers (supply side factors in the delivery of MNCH services) and community, more specifically pregnant women and mothers with children below the age of 2 years (demand side factors in seeking MNCH services). Using multiple methods of analysis (discussed below), we expect the evaluation to assess changes and shifts longitudinally (within Namkhana from baseline to endline) and cross sectionally (across Namkhana and Patharpratima).

Area of focus: Namkhana block in South 24 Parganas, West Bengal as intervention arm
Pathar Pratima block in South 24 Parganas, West Bengal as comparison group.

Research Participants:

- Health service providers
- Pregnant Women and their household members
- Mothers with children below the age of 2 years
- Members of the women's group in Namkhana
- Partner staff
- Tdh program team

5. Evaluation Questions

The evaluation will be guided by, but not limited to, the following questions`:

Stakeholders: Community (Mothers, Pregnant Women, Household Members, Members of the women's groups)

Effectiveness:

- How effective has the project been in improving maternal and health care practices in the community such as optimal frequency of antenatal and postnatal visits, following up on high-risk pregnancy referrals, etc?
- How has the project affected the accessibility and quality of antenatal and postnatal care services for expecting and new mothers?
- What is the level of knowledge and practice related to care seeking behavior among women in the perinatal period in both groups?
- How do community engagement initiatives influence health-seeking behaviors in the intervention group?
- To what extent are the IEC materials, including Matri Sakhi (a digital communication tool) effective in advancing awareness about MNCH in the community?

Efficiency:

- How does the program ensure that women (in the perinatal period) and their families seek health care services timely?

Impact:

- What changes have occurred in maternal and child health outcomes in the intervention group compared to the control group? Is there a significant difference in maternal and child health outcomes between the treatment and control groups?

Gender Mainstreaming:

- Decision Making Power: Do women feel that they have enough say in decisions regarding their pregnancy and child's healthcare? Does the project adequately involve men and other household members in this conversation?
- Access to Healthcare Services: What are the enablers and barriers that women face in accessing healthcare services during antenatal/postnatal care? How accessible are the health facility infrastructure?
- Workload and Time Burden: How effectively does the project encourage and build family or community support mechanisms to help women in the perinatal period access healthcare services?

Stakeholders: Health service providers

Relevance:

- How relevant were the training programs for healthcare workers in addressing perinatal health, particularly in the context of recurrent natural disasters and climate-related stressors?

Effectiveness:

- Does the project contribute towards improved coordination between health professionals (e.g., ANMs, ASHAs) in providing better perinatal health services?

Efficiency

- Were the training sessions attended by health care workers delivered in a timely and efficient manner (e.g., convenient times, appropriate locations)?
- Was the content of the training sessions well-structured and concise enough to allow workers to quickly apply the knowledge and skills in the fieldwork?

Sustainability:

- Are the skills and knowledge gained from the project sustainable for health workers in their daily work after the project ends?
- Are the practices and protocols introduced during the project (e.g., identifying high-risk pregnancies, use of IEC by community groups, facility upgradation) sustainable without ongoing external support?

Impact:

- How has the project impacted the identification and management of high-risk pregnancies?
- How has the project strengthened the local healthcare system, particularly in terms of maternal and child health services?

6. Methodology

- **Design**:

For the endline evaluation, a quasi experimental design using a mixed methods approach, is thought to be appropriate. This would entail employing quantitative methods and qualitative methods parallelly for collecting and analyzing the data, using multistage random sampling strategy. Additionally, we recommend the use of an episodal most significant change approach to understand the change that this project has brought about in their professional practice.

- **Data Collection**

1) **Desk review:** The study will undertake and in-depth appraisal of the project proposal, logical framework and other project related documents (including previous evaluations), review of health records (including data on maternal and newborn health outcomes, referrals in blocks). The desk review will guide the tool development for primary data collection.
2) **Primary data collection**: As part of the study, both quantitative and qualitative primary data is to be collected from the field.

Methods of Data Collection

For quantitative data:

- Structured surveys with mothers will assess health outcomes (antenatal/postnatal visits, child nutrition status) and perceptions of healthcare services. These surveys will be administered to both treatment and control groups.
- Surveys will capture healthcare workers' practices of service delivery in both control and treatment group.

For qualitative data collection (only in the intervention arm), the following tools are proposed to be used:

- In-depth Interviews with a selected sample of pregnant or new mothers and household members from the treatment group to explore experiences with health services, barriers and enablers to care, etc.
- Key informant interviews (KIIs) with ASHAs, ANMs, to assess the perceived usefulness of training and the practical challenges they face in providing care.
- Focus Group Discussions (FGDs) with women groups to assess health care seeking behaviour including adherence to treatment and practices such as consumption of medicines or supplements, timely seeking healthcare services, etc among pregnant and lactating mothers.
- Focus Group Discussions (FGDs) with ASHA and ANM workers to reflect on most significant change that this project has brought about in their professional practice: what has changed in their practice / their motivation to work, getting people to think about what they can do better now and what still needs to be improved and how. Or what could have been done differently. The groups identify the most significant change based on participative methods and voting.

- **Sampling Plan**

For the sample for the quantitative survey, multistage random sampling criteria is to be used to draw a sample from the control and treatment group. During the baseline, a sample of 401 expecting and new mothers was drawn from each arm, and 21 health care workers were surveyed from each arm. We propose the sample size should match the sample size surveyed during the baseline. In addition, the sample for the qualitative enquiries will be based on purposive sampling.

Please Note: The agency is invited to propose a sampling plan.

- **Data Analysis:**

Quantitative tool will be developed and adapted on a mobile data collection software and analysed on relevant software (SPSS or STATA). Differences between treatment and control groups will be analyzed using statistical tests (e.g., t-tests, chi-square tests).

For the qualitative data, thematic analysis will be employed to identify key themes related to the OECD DAC criteria. In addition to this, comparative analysis is suggested to be used to compare health outcomes in treatment and control groups to evaluate the impact.

7. TASKS AND OUTPUTS

1. An inception meeting with Tdh to bring clarity to roles and responsibilities, project log frame and hand over study resources.
2. Inception prep focused on research design including sharpening methodology, sampling approach, data collection plan, and translation of tools in Hindi.
3. Inception report comprising of a matrix with evaluation objectives, areas to focus, methods and respondents which will guide the development of tools, analysis and reporting.
4. Tool development and finalization
5. Development of quantitative research instrument into online survey form
6. Recruitment and training of data collectors/enumerators with required devices. Training sessions will be organized in consultation with Tdh.
7. Submission of detailed data collection roll out plan and travel plan to Tdh
8. Weekly survey status reporting and data monitoring on field to ensure quality assurance.
9. The agency will be required to seek consent from participants for conducting interviews and provide a short introduction to the study.
10. Data analysis and draft study report to be shared with Tdh for feedback along with the cleaned datasets.
11. Final study report along with summary report to be submitted.
12. Dissemination of major findings

8. DELIVERABLES

1. Inception Report: includes initial work plan and proposal for the study, outlining the proposed objectives, methodology, and intended outcomes along with study tools, timeframe, process of data collection and analysis as well as final set of data-collection tools for all indicators.
2. Draft report of the study for the feedback and comments from Tdh.
3. Presentation on the main findings in PPT format.
4. All the raw data, transcripts and audio video recordings (if any)
5. Final Study report, having –
    - Title page
    - Contents page
    - List of abbreviations and acronyms
    - Executive Summary (maximum 2 pages, clearly summarizing the assessment, methodology followed and key findings in accessible language)
    - Background (on the context of the intervention and project objectives)
    - Methodology (Study design, study settings, timeline, sampling and techniques, data collection tools and procedures, quality control, data analysis, ethical considerations, any possible limitations to the assessment, reflexivity etc.)

- Findings and analysis (giving the results of the assessment according to the objectives given in this ToR, combining qualitative and quantitative data.)
- Recommendations, related to the evidence given in the Findings section of the report.
- Annexes in the Report, might include:
  - List of stakeholders consulted.
  - References / list of documents reviewed
  - Examples of all data collection tools used (e.g. survey questionnaires, semi-structured interview and focus group discussion questions)
  - Additional methodological information if required (e.g. more detailed information on sampling)
  - Full data tables of all quantitative results (if appropriate and if not, all included in main report)
  - Additional maps, photos or more detailed case studies (if available).

Note- Tdh's branding guidelines need to be adhered while designing the final report.

9. CHRONOGRAM

The evaluation is expected to start by 15th January 2025 and expecting to have the final report by 31st March 2025. Agency is to submit a Gantt diagram in the proposal following the tentative timelines stated below-

- Phase I – Desk reviews, develop questionnaire and qualitative tools based on desk review, Preparation and analysis of documentation and inception report– 15 days.
- Phase II – Data collection and field work - 15 days
- Phase IV- Analysing, draft report preparing & submission including feedback by Tdh – 25 days

10. PROFILE OF AGENCY/ INSTITUTE

We are looking for a consultancy agency having a team with the following skills and qualifications:

1. Demonstrable research expertise on child health and maternal health, WASH and prior experience of conducting research studies with the government bodies.
2. Experience in managing and coordinating large scale studies, delivering agreed outputs on time and on budget.
3. The consulting agency must ensure gender balance in their team of enumerators/interviewers.
4. Specialists from the required field of expertise (maternal health)must be involved in tool development and data analysis.
5. Team members must be trained on child safeguarding and ethical data collection, analysis, and use, before entering the field.
6. Experience in qualitative data collection and analysis.
7. Ability to work with in relevant local languages (Bengali).
8. Strong quantitative data entry and analysis skills and previous experience using statistical analysis software (such as SPSS, Stata, etc).
9. Ability to write high quality, clear, concise reports in English.

11. SAFEGUARDING AND ETHICAL GUIDELINES

- A responsible authority from the agency must sign tdh's Child Safeguarding Policy and Code of Conduct and be willing to adhere to its principles and expected practices. If a breach of the policy or code of conduct takes place the consultancy will be terminated immediately without any financial burden on tdh.
- Informed consent should be given before participating in a study, and the participants should be able to withdraw at any moment. Respondents should be explained how the study findings are likely to be used. They must then be asked and must be free to choose. Their choices must be clearly recorded and always kept with their testimony and/or the relevant media. In case of children, the consent of the family as well as the child must be taken.

- If it is agreed that all or any part of a participant's testimony should be confidential, then that commitment must be clearly recorded and respected. If the testimony is to be made anonymous, or used with a false name, make sure that any other identifying details are also changed.
- The agency must maintain data security and provide a data security plan.
- During the survey, any serious protection concern or cases of children or family in high risk should be reported to Tdh. Participants to the survey should be enabled to contact Tdh team or the supervisor of the survey to report any major issue.
- The database and transcripts must be deleted post report finalisation and after sharing of the raw data with Tdh.
- Personal data and photographs of children should not be collected, until communicated otherwise by Tdh staff in written.
- No support, benefit or compensation should be promised to the respondent at the time of data collection.

12. OWNERSHIP AND DISCLOSURE OF DATA/INFORMATION

All documents, tools, design, data and information shall be treated as confidential and shall not, without the written approval of Tdh, be made available to any third party. In addition, the agency formally undertakes not to disclose any parts of the confidential information and data. The utilization of the report is solely at the decision and discretion of Tdh. All the documents containing both raw data/materials provided by Tdh and final report, both soft and hard copies are to be returned to Tdh upon completion of the assignment. All documentation and reports written as, and as a result of the research or otherwise related to it, shall remain the property of Tdh. No part of the report shall be reproduced except with the prior, expressed and specific written permission of Tdh.

13. CONSULTANCE PERIOD, BUDGET AND PAYMENT SCHEDULE

The consultancy will be for 2.5 months including the travel days.

The budget available for this study is INR 9,50,000 (Inclusive of GST and other taxes)

The payment schedule will be as follows:
- 50% on submission of inception report along with field visit plan
- 50% on submission and acceptance of final report

The consulting firm is expected to provide services within stipulated period as well as submit the final report maintaining the quality. If for any reason, the consulting firm fails to deliver services within stipulated time, the consulting firm needs to inform Tdh in time with a valid and acceptable explanation. Please note that applicable Tax will be deducted from the total amount at source as per Government Regulations.

14. APPLICATION PROCEDURES

Interested agencies/ institutes are invited to submit a proposal with the following information:

1. Expression of interest outlining how the agency meets the selection criteria and their understanding of the ToR and methodology.
2. A proposed activities schedule/work plan with time frame
3. Copy of profile of the agency/ institute, including the CVs of the key team members who will lead the study
4. Two recent example of similar study report written by the applicant agency/institute
5. Financial proposal detailing itemized fees, data collection, travel costs administrative costs and applicable taxes.

Only short-listed agencies will be contacted. Please mention – **"Evaluation of Perinatal Health project in Sundarbans"** in the email subject line and send it to our email id ind.office@tdh.org by 2nd January 2025.