**Scope of Requirements (SOR)**

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| **Project Overview:**   * **Background** – The Kyrgyzstan Mountain Societies Development Support Programme (MSDSP KG), an initiative of Aga Khan Foundation, is a locally registered public foundation that seeks to improve the livelihoods of select communities in Kyrgyzstan’s mountain areas. To this end, MSDSP KG implements a range of integrated interventions in rural development, education, and health, benefitting more than 520,000 people. The MSDSP Programme is implemented in villages in collaboration with and partnership between community-based groups and local government authorities. Disaster risk reduction, enhancing local governance, and improving climate change resilience are cross-cutting themes across MSDSP KG’s work; whereas, the Health and Nutrition Program is an integral part of the initiatives of the MSDSP KG in all targeted geography. The main goal of the H&N program is to empower individuals and communities to improve their health and well-being and reach their full potential in the remote mountainous regions of the Kyrgyz Republic.   To address health issues in Alai, Chong-Alai, Kara-Kulja in Osh oblast, Naryn, At-Bashy, Ak-Tala in Naryn oblast, Aksy and Ala Buka districts in Jalal-Abad oblast, MSDSP is implementing the Project “Foundation for Health and Empowerment (F4HE)” funded by the Government of Canada and Aga Khan Foundation, which aims to enhance equitable development and empowerment for women, girls, their families, and communities by:   * Strengthening health systems to improve maternal, newborn, child and adolescent health, and sexual, and reproductive health services; * Promoting gender equality by strengthening civil society particularly, women’s rights organizations, establishing partnerships with higher education institutions, and improving programming around gender equality. * **Business Context** – F4HE will reach and serve rural and marginalized communities in Afghanistan, Kyrgyzstan, Pakistan, and Tajikistan where sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH) and nutrition indicators are particularly poor, non-communicable diseases (NCDs) like breast and cervical cancer and mental health issues are rapidly increasing. Women, adolescents, and young children lack access to the knowledge, services, and support that they need to protect and promote their health, including the engagement of men as supportive partners in addressing these issues.   Health indicators in F4HE countries have shown some improvement in the last decade despite several social, economic, political, cross-border and security challenges compounded by successive natural disasters. Main improvements including the expansion and quality of health services and enhanced awareness and utilization of maternal and child health care services. However, focus geographies still lag most of the other regions and countries in the world and attaining health and gender-related Sustainable Development Goals (SDGs) require sustained and increased investments at all levels.  Many health system challenges continue to exist in the F4HE program countries. The public health expenditure remains very low in all the F4HE countries with less than 4% of the GDP. Out of pocket expenditures account for more than half of expenditure on health with the lowest in Kyrgyzstan (55%) to highest in Afghanistan (78%). There is a low health professional to population ratio. Pressing issues include a shortage of adequately trained service providers in relation to the populations, maldistribution of providers, retention issues, fewer opportunities for professional development, and low satisfaction levels – including psychosocial well-being. Professional education in health and in Early Childhood Development (ECD) is run at a sub-optimal level without synchronizing the curriculum with modern pedagogic techniques, international standards, and local requirements. Licensing and renewal of licensing of health and ECD practitioners is weak and is not linked with improved qualification, competence, performance, and continuous professional development. There is an apparent gap in the capacity of community health workers, their numbers, coverage, and quality are far from the required standards. The current technologies being utilized in the health sector have not evolved through a rigorous needs assessment process, leading to inefficiencies of such equipment/technologies. Current mechanisms to determine the appropriateness of technologies, supplies, diagnostics, medicines still need to become evidence-based and address issues of access and quality.  Taking a lifecycle approach to development, ECD programming Foundations for Children (F4C) will be integrated with health programming (F4H) in Pakistan, Kyrgyzstan, Afghanistan, and Tajikistan. This will enable parents, caregivers, and health care providers to support and promote child development holistically – socially, emotionally, cognitively, and physically. The integrated programming approach is aligned with the Nurturing Care Framework and provides multiple opportunities and engagement points to advance the mandate, messaging, and impact of both F4C and F4H and serves to ensure effective use of human and financial resources.  The ultimate outcome of F4HE, which is to enhance equitable development and empowerment for women, girls, adolescents, their families, and communities in targeted areas of Afghanistan, India, Kyrgyzstan, Pakistan, and Tajikistan, will be achieved through complementary action across the four components of the project: F4H, F4C, Advancing Gender Equality and Civil Society (AGECS), and Advancing Canadian Champions for Development (ACCD). These components will together contribute to F4HE’s intermediate outcomes including:   * Strengthening delivery of quality, gender-responsive, and inclusive health, and early childhood development, and other sustainable development services. * Reducing gender and social barriers to utilization and uptake of health, and early childhood development, and other sustainable development services and practices. * Enhancing engagement of international and Canadian stakeholders in gender sensitive and evidence-based development issues and programming. * **Service Requirement** – **High-level** – This is the request for F4HE Project Baseline Study. |
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| **Scope of Requirements:**  **Project Requirements**: The Consultant company will serve as the lead for the country level study and will be responsible for data collection, verification, entry, cleaning, consolidation. Specifically, the main objectives of the consulting company are to:   1. **Ethical review**  * Prepare the required documents for Ethical Review in close coordination with Country Team * Translate required documents from English to Russian, * Submit the required package of documents to Ethical Committee and receive approval (Country Team will support and assist this process)  1. **Translation of the tools**  * Translate and back translate study tools and questionnaires from English to Kyrgyz, and Russian language * Develop an interview guideline for enumerators in collaboration with MSDSP. Translate the interview guideline into the Russian.  1. **Piloting of the tools**  * Piloting requirements: * Conduct sample interviews in non-coverage area of the baseline to make sure the tools are feasible and understandable to the enumerators and the communities * Piloting will include administration of all tools * Each tool will be filled with 3 to 5 interviewees * Each interviewer will be part of the interviews for piloting  1. **Household listing and sampling frame**  * Prepare list of all households from selected villages/communities PSUs (primary sampling unit) and select SSUs (secondary sampling unit)) according to the inclusion requirements.  1. **Data collection and validation**  * Company will be responsible for all field operations, including but not limited to: * Recruitment, arrangement, and training of enumerators and facilitators for the field work as per the F4HE baseline study manuals that will be provided by the regional team, logistical arrangements for data collection and obtaining the consent of respondents, * Adhering to AKF policies on safeguarding, Do-no-harm, and research ethics, * Pilot tools and update them according to the findings of pilot surveys in consultation with MSDSP KG, * Company must have enough tablets to undertake CAPI interviews in the target locations. * Undertaking CAPI interviews in target villages, and target institutions, according to the research design, methodology, sampling, data collection, and COVID-19 contingency plans. * Data entry, cleaning, and consolidation * Ensure identification of any data quality issues and addressing them on the ground, * Enter all survey data concurrent with data collection. * Ensure quality control is maintained during data collection and entry, * Provide original and cleaned datasets including coded data in required SPSS and Excel formats to the country and regional teams. * Ensure that specific data is codded and included in the final datasets as well a list of codded information is clear, accurate and provided along with the datasets. * Provide technical report on data collection including the detailed information of number of interviews conducted, refusals, additional visits, lessons learned, challenges etc.  1. **Supervision of the fieldwork**  * Prepare all supporting documentation required to facilitate the work of the interviewers/enumerators and supervisors. * Have on board or recruit, train, assign, equip, supervise, and compensate all enumerators to carry out the field data collection, * Identify and train enough field workers to ensure that the work is completed as per schedule. At least 20 enumerators * Regular supervision of enumerators and facilitators, using specific supervision checklists and field reports to ensure high data quality. * Visit the field periodically, making spot checks on teams in the field. Random quality control during and after the interviews to ensure proper procedures and protocols are being strictly followed. Random quality control by re-visiting households and verifying accuracy of a random sub-sample of questions. * **Roles and responsibilities**: The Consulting company will serve as the technical lead of a country level studies (Kyrgyz Republic) and will work closely with the Country MERL Focal Point and Country Program Manager for F4HE on all matters pertaining to this ToR. * **Project completion criteria**: This will be a cross-sectional study to be conducted across each project geography. The study will have 3 components as listed in below.  1. Household Survey 2. Health facility Assessment 3. Targeted Government Agencies   In all 3 components, the collection of quantitative and qualitative data will be based on all indicators included in country PMF, and any additional measures, through a representative household sample survey, and from all targeted facilities in other 2 components.  **6.1. Household Survey**  *Sampling frame[[1]](#footnote-1):* The survey will use a cross-sectional community-based household design with two stage sampling approach. The primary sampling unit (PSU) would be enumeration area (EA) defined as specific geographic area with marked boundaries and the secondary sampling unit (SSU) would be households (HH) within each EA. The selection for the household would be through systematic simple random sampling selection procedure. Randomization for household selection will be from preexisted lists which would be prepared prior of field data collection. Each selected household will be marked on the list and there will be no replacement for selected household. Interviewers who have been already trained on the survey tools will have the lists of HH for each EA and identify the preselected HH in each EA and conduct interviews.   * Inclusion Criteria: Head of Household, all ever-married women aged 15- 49, adolescents aged 10 – 19, children 0 – 6, and fathers and mothers in the household who spent night in selected household and consent for participation. * Exclusion Criteria: Except above and those who did not consent for participation   The household survey questionnaire will collect socio-demographic information on the project target population. It will include:   * Household Roster: information about the number of household members, each one’s civil status, their age, gender, education levels, and occupation. This part of the questionnaire will help to identify interviewees for:  1. Questionnaires to be administered with women of reproductive age (15-49). 2. Knowledge, attitudes, and practices questionnaire to parents in the household, 3. Children 1-3 years old, and children 4-6 years old for ECD related questionnaires and exercisesAdolescent girls and boys (10-19) for adolescence knowledge, attitude, and practices questionnaire and participatory exercises,   The household questionnaire will include different modules to be administered with different eligible interviewees as highlighted above. For two indicators, 6 and 10 in the list of indicators for household study, a small qualitative component, Focus Group Discussions (FGDs) and Interviews with community members, will be conducted at the community level to verify quantitative findings.   * 1. **Health Facility Assessment**   *Sampling frame[[2]](#footnote-2):* 20 Health Facilities supported under the project will be assessed.  The health facility assessment component of the baseline will include modules to:   1. Assess the health facility for gender-responsive and adolescence/child responsive services as per set standards, availability of quality assurances plans, management plans, and modern contraceptives in the facility, 2. Assess the knowledge, attitude, and practices of the health facility staff towards gender responsive and respectful health service delivery, 3. Assess level satisfaction of women, adolescent boys, and adolescent girls with the services they received through exit interviews.   The assessment will include health provider interviews, records review, patient/client exit interviews, and observation of patient –provider consultations.   * 1. **Target Government Facilities**   *Sampling frame[[3]](#footnote-3):* The government facilities that country teams plan to support during the project will be assessed for their performance. It includes local government authorities in targeted locations, National MNCH center, National Oncological Center in Bishkek, National Oncological Center in Osh, KSMICE (Kyrgyz State Medical Institute of Continued Education) and other key government stakeholders.  The relevant staff will be interviewed through standard Government Performance Index tool at this time to establish a benchmark of their performance at this stage.  The following indicators are expected to be collected through the baseline study:   |  |  | | --- | --- | | **Key Indicators Producible by this study** | | | **Household Survey** | | | 1 | % of live births attended by skilled health personnel (by age, geography) | |  | |  | |  | |  | | 2 | % of women of reproductive age who have their need for family planning satisfied with modern methods (by age, geography) |  | |  | |  | |  | |  | | 3 | % of adolescents demonstrating signs of healthy adolescence (by gender, geography) |  | |  | |  | |  | |  | | 4 | % of children reached by ECD interventions who meet age-appropriate developmental standards (cognitive, social, emotional, and physical) (by gender, age, geography) |  | |  | |  | |  | |  | | 5 | % of women and adolescent girls who made decisions alone or jointly on matters related to family planning, child health and use of health, Sexual and Reproductive Health (SRH) and ECD services (by age, country, decision area) |  | |  | |  | |  | |  | | 6 | % of women and adolescents who are satisfied with their access to health services, including SRH and family planning (by gender, age, geography)[[4]](#footnote-4) |  | |  | |  | |  | |  | | 7 | % of women and adolescents who are satisfied with their access to early childhood development services (by gender, age, geography) |  | |  | |  | |  | |  | | 8 | % of women, men, girls, and boys who demonstrate improved knowledge towards key gender equality topics and issues, including SRHR (by gender, age, district) |  | |  | |  | |  | |  | | 9 | % of parents and caregivers who demonstrated improved knowledge, attitude and practices regarding ECD |  | |  | |  | |  | |  | | 10 | Degree to which adolescent and adult fathers engage in caregiving and shared responsibilities of children (by age, geography)[[5]](#footnote-5) |  | |  | |  | |  | |  | | **Health Facility Assessment** | |  | | 1 | % of health institutions and facilities that are gender responsive and adolescent/child responsive as per standards (by facility type (gender-responsive and adolescent friendly), and geography) |  | |  | |  | |  | |  | | 2 | Level of client satisfaction with the quality of AKF-supported health, adolescent, early learning and ECD services (by gender, age group, geography) |  | |  | |  | |  | |  | | 3 | % of health workers in project geographies with improved knowledge, attitudes and practices related to gender-responsive and respectful health and ECD service delivery (by gender, geography) |  | |  | |  | |  | |  | | 4 | % of AKF supported health facilities that implement quality assurance action plans (by sector, geography) |  | |  | |  | |  | |  | | 5 | % of AKF supported health facilities with effective management systems in place (by geography) |  | |  | |  | |  | |  | | 6 | % of supported health facilities with at least 3 modern family planning contraception methods on the day of the assessment (by geography) |  | |  | |  | |  | |  | |  |  |  | |  | |  | |  | | **Government Institutions Assessment** | |  | | 1 | % of AKF-supported government agencies with improved performance (by geography) |  |  * **Project schedules/Deliverables by phase:**   The period of the contract is estimated to be from July 1, 2021, to September 6, 2021, with an expected contribution of approximately 47 working days over this period. The consulting company is expected to carry out all the preparation required to roll out the study as per the suggested time frame below.   |  |  |  | | --- | --- | --- | | **Task** | **Deliverables** | **Expected Time Frame** | | Develop work plan:Review all documents, guidelines, and other relevant information, including performance indicators and definitions identified in the project Performance Measurement Framework, and sampling methodology of the baseline study. Review proposed data collection tools. Review supervision tools. Prepare detailed work plan and timeline for the data collection related activities. | Detailed work plan that includes all tasks and incorporating the overall study timelines. Level of effort of each team member.  Detailed study budget. | 1 week from the contract signing date | | Questionnaire translation: undertaking translation of the questionnaire from English into Kyrgyz, and Russian languages. | Questionnaires in Kyrgyz and Russian languages. | 2 weeks from the contract signing date | | Ethical Review: translate and prepare all the required documents; submit for ethical review and receive approval. | Obtaining the ethical approval for the study from relevant government authorities. | 4 weeks from the contract signing date (must be obtained by July,21) | | COVID-19 Contingency Plan: developing a detailed COVID-19 contingency plan to undertake the survey based on the agreed time period and current risk environment and restrictions. This should include budgeting for personal protective equipment for enumerators/data collection and other measures as appropriate based on occupational safety and health guidelines. | COVID-19 Contingency Plan | 3 weeks from the contract signing date (July,21) | | Enumerator training: Support Enumerator Training following a detailed agenda and outlining study protocol. Participate in enumerator training. | Enumerators participated in training and following Enumerator Guidelines and Protocols for Data Collection | The second half of July, 2021 | | Household listing. | List of all households in the in sampled locations. | The first half of July, 2021 | | Piloting of the questionnaires to ensure accurate data collection, and sharing the resulting pilot data for review and clearance by Country and Regional Team before commencing fieldwork. | Piloting report with detailed description of issues and errors detected. Pilot data | The second half of July, 2021 | | Data Collection: implementing data collection for the baseline survey using the CAPI system. While conducting interviews, the CAPI tablets should be GPS enabled to ensure proper sample distribution, geocoordinates should be recorded for each interview, and survey metadata must be systematically collected (including the time, date, location, and duration of the interview). The selected organization will undertake to track the number of households interviewed in each locale, the number of refusals, and the reason for refusals (including when selected dwellings are empty, or household members are not present). The data collection will also follow the COVID-19 contingency plan agreed. | Database tracking on a weekly basis. | 1-31 August, 2021 | | Data verification, data entry, cleaning, and consolidation.  After the first week of data collection is complete, raw concatenated datasets should be shared in Stata, SPSS, or Excel format for quality review. Please note that the data quality and consistency is the responsibility of the selected organization. Immediately after the full survey datasets has been collected, a raw, unprocessed version of the data will be shared with MSDSP. The selected organization will then undertake cleaning (using a reproducible process, preferably in Stata syntax) of the resulting dataset for any identified data quality issues that can be addressed. The syntax files and related cleaned data files will be shared with MSDSP, as well as complete descriptions of any changes made. In the cleaned version of the data, the selected firm will include full documentation of the data, approach, and replication files Consulting firm will consolidate and enter the data to Database system. | Original and cleaned data sets including any field notes in Excel and (SPSS or Stata format and/or the dataset in CSV format with the metadata) Filled database system. | 1-31 August, 2021 | | Provide all deliveries and documents. | Final fieldwork report with the relevant attachments. Provide all deliveries, administrative, financial, and procurement documents. | Early September (1st week) |  * **Relevant quality processes:**   MSDSP KG will be responsible for managing the process of revision and approval of documents and materials according to the deliverables, and timeline indicated above. All required documents should be provided to MSDSP KG in hard (except for database) and electronic formats according to the agreed deadlines.  Also, we will provide mentoring support to the selected firm in preparation for survey implementation. This will include the training of the supervisors and enumerators and will potentially assign outside reviewers to do on-site checks for data quality.  **Key Responsibilities of MSDSP KG**   * Provide information session. * Coordination the overall process of the baseline study. * Ensure the effective feedback process. * Provide introduction workshop to the Consulting Company on project, methodology, tools, target groups etc. * Conduct periodic review sessions with interviewing teams to identify and correct errors detected in the fieldwork. * Visit the field periodically, making spot checks on teams in the field. There will be 2 visits at the second and forth weeks. Random quality control during and after the interviews to ensure proper procedures and protocols are being strictly followed. Random quality control by re-visiting households and verifying accuracy of a random sub-sample of questions. * Checking the questionnaires for accuracy and completeness; checking supervision checklists and field reports to ensure data quality. * Support and assist the process of obtaining household lists and Ethical Approval. * **Data:** The study will be carried out in the three regions in which F4HE works.   The study geography includes below listed provinces and districts:   |  |  |  | | --- | --- | --- | | **Region/Oblast** | **District/Raion** | **Village** | | Jalal-Abad | Aksy | Kerben | | Jalal-Abad | Aksy | TBD | | Jalal-Abad | Ala-Buka | Ala-Buka | | Jalal-Abad | Ala-Buka | TBD | | Osh | Kara-Kulja | Kara-Kulja | | Osh | Kara-Kulja | 1-Mai | | Osh | Kara-Kulja | Jany-Talaa | | Osh | Kara-Kulja | Sary-Bulak | | Osh | Alai | Gulcha | | Osh | Alai | Sogondu | | Osh | Alai | Sopukorgon | | Osh | Alai | Kabylankol | | Osh | Alai | Sarymogol | | Osh | Alai | Sarytash | | Osh | Alai | Taldysuu | | Osh | Alai | Toguzbulak | | Osh | Alai | Zhanyalay | | Osh | Alai | Kichikarakol | | Osh | Alai | Zhanyturmush | | Osh | Chon-Alay | Daroot-Korgon | | Osh | Chon-Alay | Kara-Myk | | Osh | Chon-Alay | Zhekendi | | Osh | Chon-Alay | Achyk-Suu | | Osh | Chon-Alay | Kashka-Suu | | Naryn | Naryn town |  | | Naryn | Naryn | Jerge-Tal | | Naryn | Naryn | Kazan-Kuigan | | Naryn | At-Basy | At-Bashy | | Naryn | At-Basy | Kazybek | | Naryn | Ak-Talaa | Ak-Talaa | | Naryn | Ak-Talaa | Baetov | | Naryn | Ak-Talaa | Kosh-Dobo |   **Ethics**  **During pursuing contracts, and the course of contract performance, consulting company will be responsible for maintaining ethics and good research practice including but not limiting to:**  *Disclosure of Information*  Under no circumstances may the selected organization use information generated for this project – either before, during, or after the work authorized in this document – for purposes other than the collection of the survey data, as described. In addition, the selected organization shall not share any data, documentation, or programming files generated during this assignment with third parties without written authorization from MSDSP KG AKF.  *Informed consent:*  Oral informed consent should be obtained from all survey participants, including the Head of Household for household survey. Participants will be asked to sign informed consent following a verbal description of the risks, benefits, and procedures.  *Confidentiality:*  Consulting company shall, and shall cause their respective, employees and representatives to, keep, treat, and hold the survey and any documents transmitted within it including interviewees’ personal information, proprietary information, knowledge and data of or pertaining to the other Party as confidential.  *Cultural sensitivity:*  Consulting company must demonstrate cultural competency in its communications, both written and verbal, with interviewee and must ensure that cultural differences between the interviewer and the interviewee do not present barriers to conduct survey. Consulting company must demonstrate the ability and commitment to conduct research across a variety of cultures. The Consulting company must deliver the services, in a culturally competent manner to all interviewees including, but not limited, to those with diverse cultural and ethnic backgrounds, disabilities, and regardless of race, color, religion, national origin, sex, sexual orientation, gender, or gender identity.  *International Sanctions:*  Consulting company must not be associated with any criminal/ terrorist group, terrorist organization, including the Taliban, ISIL (Da’esh) and Al-Qaida, and must not offer stolen services, or services purchased illegally.  The country of origin of the services provided should not be included in the list of countries subject to sanctions restrictions by the Government of Canada: Central African Republic, Democratic Republic of the Congo, Islamic Republic of Iran, Republic of Iraq, Lebanese Republic, State of Libya, Republic of Mali, Republic of the Union of Myanmar, Republic of Nicaragua, Democratic People's Republic of Korea, Russian Federation, Federal Republic of Somalia, Republic of South Sudan, Republic of Sudan, Syrian Arab Republic, Ukraine, Bolivarian Republic of Venezuela, Republic of Yemen, Republic of Zimbabwe (for more information, see: <https://www.international.gc.ca/world-monde/international_relations-relations_internationales/sanctions/current-actuelles.aspx?lang=eng>). Services which country of origin is subject to sanctions restrictions imposed by the Government of Canada are considered unacceptable and a tender including these services will be rejected. |
| **CS Selection Criteria**   * **Track record:**   Prior experience in in data collection as a part of baseline, endline studies on programs and projects focusing on health and ECD.   * Minimum 5 years of experience conducting household surveys in Kyrgyzstan. * Direct experience in conducting surveys in the areas of assessment of development projects including assessing local institutions, local self-governance, and health facilities, in the past three years. * **Delivery Approach:**   Technical competences in the relevant sectors.   * Direct experience in managing at least five multi-province household surveys in rural areas of Kyrgyz Republic using CAPI. * Direct experience as a firm in conducting a comparable large scale (minimum 2,000 respondents) household survey using CAPI. * **Key Personnel & Subject Matter Expertise:** * Availability of qualified key staff in social science: sociology, economics, statistics, international development, or any other related field. (detailed review of the proposed personnel will be conducted at technical proposal review stage). * Proficiency of staff with using statistical software such as SPSS, Stata or R. No sub-contracting key personnel positions or tasks to other firms will be allowed. * English and Kyrgyz languages proficiency of the staff. * **Cultural Compatibility:**   Knowledge of the regional and institutional context   * Experience with carrying out surveys financed by donor agencies in Kyrgyz Republic such as World Bank, USAID, DFID, SDC, UNDP, other UN agencies. * Experience in conducting surveys in rural and remote areas of Kyrgyzstan. * Experience in conducting surveys among key formal and informal leaders, vulnerable or marginalized groups in the communities. * **References**:   Previous client feedback.  As a result of the scoring, the top 2 short-listed Consulting Firms will be invited to present their Proposal. |

1. The sampling strategy is subject to change [↑](#footnote-ref-1)
2. The sampling strategy is subject to change [↑](#footnote-ref-2)
3. The sampling strategy is subject to change [↑](#footnote-ref-3)
4. Triangulated through qualitative assessments at communities e.g. FGDs and KIIs [↑](#footnote-ref-4)
5. Triangulated through qualitative assessments at communities e.g. FGDs and KIIs [↑](#footnote-ref-5)