



Statement of Work to Conduct

Further Analysis of Nepal Demographic and Health Survey (NDHS) for Adolescent and Youth Health in Nepal: Level, trends, and determinants.

USAID Adolescent Reproductive Health



USAID ARH Introduction

The USAID Adolescent Reproductive Health (ARH) is a five-year program supported by the U.S. Agency for International Development (USAID), led by CARE Nepal and in partnership with the Association of Youth Organizations Nepal (AYON), Howard Delafield International (HDI), Jhpiego, and Nepal CRS Company. The ARH program is a youth co-led initiative to empower girls and boys of age 10-19 years including the most marginalized, to attain their adolescent reproductive health (ARH) rights. The primary goal of the USAID ARH project is to support adolescents to reach their full potential and strengthen public systems and private entities to create an enabling environment for healthy ARH behaviors, working closely with the Government of Nepal, Province Governments, the private sector, and relevant stakeholders. The program covers 60 municipalities (15 rural, 45 urban), six districts of Madhesh Province, three districts of Lumbini Province, and two districts of Karnali Province. The program adopts strategies like multichannel SBC approaches, adolescent-responsive health system strengthening, and capacity strengthening across the community, health system, and institutional platform to reach the program objectives.

Background

Adolescents (10-19 years) comprise of 20.15 % of the total population. (Census 2021) According to recent NDHS reports, the median age at first marriage is 18.3 years among women and 22.3 years among men as reported by men and women aged 25–49. (NDHS 2022) Likewise, 21.3% of adolescent 15-19 and 67.6% of young women 20-24 are already married or living together. Among women aged 15–19, 14% have ever been pregnant, of which 1% had still birth, 11.8% had spontaneous abortion and 3.1% had induced abortion. (NDHS 2022) Only 28% of women correctly reported that the fertile period during the ovulatory cycle is halfway between two menstrual periods. (NDHS 2022). Unintentional pregnancy occurs due to the interplay of multiple factors, such as inadequate use of contraception or a complete lack of access to it and inadequate knowledge of the fertility period. It is pertinent, therefore, to examine the interrelationship between knowledge of the fertile period and contraception among young women between the ages of 10 and 24 years and the reason to why don't they use contraception. Among all pregnancy outcomes, 16% were mistimed, and 11% were unwanted. Unmet need is highest among young women aged 15–19 (31%), followed by 29.1 percent among 20-24 years currently married women. (NDHS 2022).

Family planning/ reproductive health (FP/RH) is a priority public health programs that aims to increase equitable access to voluntary FP services based on informed choices by individuals and couples so that they may plan for their desired number of children, adhere to health timing and spacing of pregnancy, and reduce the incidence of unintended pregnancies, unsafe abortions, and maternal deaths. (annual report 2019) The GoN has developed a National Adolescent Health and Development Strategy to make 2000 public health facilities deemed “adolescent-friendly” by 2020 to ensure SRH services are responsive to the needs of adolescents. However, this plan covers only half of the public-sector facilities and does not cover any private-sector facilities, leaving behind many adolescents and youth who are likely to frequent these facilities. Even though the out-of-pocket health expenditure is more than 50 percent, the private sector is both preferred and widely accessed due to its convenience, quality, proximity, and confidentiality. (AYP Endline report, 2022) However, there is no current national program to make private sector health facilities adolescent and youth friendly. Despite FP services being available and wanted, adolescents and

youth face barriers to accessing them and realizing their fundamental sexual and reproductive health (SRH).

The 2022 Nepal Demographic and Health Survey (NDHS) is the sixth nationally representative comprehensive survey conducted as part of the worldwide Demographic and Health Surveys (DHS) Program in the country. The final report of the survey included only a descriptive presentation of findings and trends and did not include analytical methods that can ascertain the significance of change and association among variables. Therefore, understanding the health status and its determining factors of adolescents and youth can provide meaningful evidence for health programming. The further analysis will help to:

- a. understand levels, trends, and determinants of health among adolescents and youth (10-24) in Nepal.
- b. understand the sociodemographic differences in key indicators for adolescents and youth in terms of place of residence (urban/rural), province/district, educational attainment, household wealth quintile, and caste/ethnicity, disability
- a. highlights the trends through 2011-2022 in the key indicators of adolescent and youth's sexual and reproductive health, including 1. marriage and sexual behavior, 2. Fertility and family planning, 3. Maternal health, and 4. other health issues, and identify the associated factors.

Scope of Work

The main tasks of the consultant are:

- Further analysis of 2022 NDHS data set for the prevalence of several family planning and reproductive health indicators and other relevant health indicators for adolescents and youth 10-24 years
- Merge the dataset of NDHS 2011-2022 and conduct further analysis for the following outcome variables to observe trends and determinants:
 - I. Marriage and sexual behavior: Proportion married, age at marriage, sexual activity (married/unmarried).
 - II. Fertility and family planning: Age-specific fertility rate (ASFR), adolescent childbearing, fertility outcomes (miscarriage/abortion), use of family planning, unmet need for family planning, place of seeking FP services, FP decision making
 - III. Maternal health: ANC, institutional delivery, and PNC
 - IV. Other health outcomes: Domestic violence.
 - V. Knowledge of FP/RH and relationship between knowledge of FP/RH and pregnancy
- Generate a table for further analysis and consult with the USAID ARH team and USAID team before finalizing the table.
- Draft report based on the findings from the analysis comprised of background, objectives, methodology, and findings (with specific chapters for 1. marriage and sexual behavior, 2. Fertility and FP, 3. maternal health, 4. Other health outcomes), discussion, conclusion, and recommendations, strengths and limitations and list of references.
- Finalize the report, consolidating the feedback from the USAID ARH team.
- Summary report (not exceeding 4 pages)

Expected Deliverables

- Inception report (understanding of the assignment, methodology, report outline, and work plan).
- Draft report
- A final report on the further analysis of the NDHS data for adolescent and youth health in Nepal: level, trends, and determinants
- Summary report (not exceeding four pages)
- Do a file of the further data analysis
- PowerPoint presentation of the key findings for dissemination

Reporting Line

The research organization or consultant will report to the Research and KM Manager.

Expected Timeframe

The assignment is expected to start on December 11, 2023, and the end date is Feb 28, 2024, with a LoE of 27 days.

Timeline

Understanding of the assignment and meeting with the CARE ARH MEL team and development of the inception report <i>Deliverable 1: inception report</i>	3 days
Merge data set and run analysis to generate different tables	3 days
Meeting with the USAID ARH team to review, revise, and confirm the tables	2 days
Prepare and share a draft report for review (includes an introduction, objective, methodology, findings, discussion, conclusion, recommendation, strength and limitation, and list of references) <i>Deliverable 2: Draft s report</i>	12 days
Prepare summary report. <i>Deliverable 3: Summary report</i>	2 days
Incorporate relevant input and share the final version of the full report and summary report. <i>Deliverable 4 Final report and Summary report</i>	4 days
<i>Deliverable 5. PowerPoint presentation on key findings for dissemination</i>	1 day
<i>Deliverable 6: Do a file of the analysis</i>	
Expected Total Working Days	27 Days

Competencies

- Phd in a relevant field such as social science and analysis, public policy, public health, or equivalent or master's degree/MPhil with significant experience of data analysis, writing manuscript and publication.
- Minimum of 5 years of experience in research, data analysis, and evidence generation and experience in analyzing NDHS dataset.
- Must have published at least three articles in international journals as a lead author.
- Written and oral skills in English are a requirement for this consultancy.
- Knowledge of computer software for statistical analysis, such as STATA/SPSS, R and other platforms as a minimum.

- Ability to write clear and useful reports independently.
- Fully comply with CARE policies and procedures and should be accountable.

Evaluation Criteria

All applications will be objectively evaluated by a procurement committee using the following criteria and based on a total score of 100.

Table 3. Evaluation Criteria

Proposal component	Number of points (total 100)
I. Technical proposal: Detailed and appropriate description of methodology including the data analysis plan and report outline as described in the RFP .	30 points
II. Team Composition: <ul style="list-style-type: none"> - PhD preferable or masters/mphil for the team leader having previous experience in analyzing the data using NDHS dataset including merging large dataset - Demonstrated ability in stata, R software. - Have previous publication in peer reviewed journal (atleast 3) using large dataset like NDHS or MICS as a lead author. - Previous experience in reproductive health and family planning will be considered an asset. 	15 points
II. Past performance: Research organization having demonstrated track record of analyzing large data set like NDHS, MICS and published articles and experience working with the health system. Examples of at least two similar completed assignments and outputs shall be shared during the discussion meeting.	25 points
III. Budget: Proposed costs are reasonable, justifiable, and realistically comprehensive of all necessary remuneration, supplies, materials, and other costs associated with analysis is clear and understandable. Additionally: <ul style="list-style-type: none"> - Registration at the appropriate government authority - VAT Registration with Inland Revenue Office - Latest audited financial statement and tax clearance certificate 	30 points

Table 3. Evaluation Criteria

Proposal component	Number of points (total 100)
Total points	100 points

Submission of Proposal:

Interested research organizations/ individual consultants registered in VAT, should apply by submitting their Expression of Interest (EoI) with a technical proposal (maximum 15 pages) that outlines

A. Introduction

B. Methodology

C. Report outline,

D. Team composition with brief technical description and capacity of individual consultant/ team proposed,

E. Work plan,

F. Organizational/individual profile and

G. Detailed budget break down and budget narrative

via email to npl.carenepal@care.org with subject line “Further Analysis of Nepal Demographic and Health Survey (NDHS) for Adolescent and Youth Health in Nepal: Level, trends, and determinants” or Hard copy can be submitted to the CARE Nepal office, Ward No 4, Ekantakuna, Lalitpur. But we preferred submission of e-copy.

The closing date for application is 5:00 PM 24th November 2023.

Only short-listed applicants will be contacted for a presentation, discussion, and sharing.