

Terms of Reference (ToR)
For
Consultancy service to conduct
Baseline Evaluation for Sanjeevani project

Introduction

CARE Nepal works across the range of humanitarian action and long-term development programs to fight poverty and achieve social justice by addressing gender-based violence, women and girls' leadership and voice, inclusive governance, sexual & reproductive health, livelihoods, food and nutrition security, disaster risk reduction, and climate justice. It brings on its global experience to address the underlying causes of poverty and social injustice, with a distinct focus on the most marginalized and vulnerable women and adolescent girls. It works in partnerships with government, donors, NGOs, civil society organizations, research institutes, private sectors, and closely collaborates with community members.

Tuberculosis (TB) remains one of Nepal's most persistent public health challenges. Despite efforts to control the disease, many cases remain undiagnosed or untreated. Service access is low and municipal funding is limited, particularly in rural areas. The other reasons include poverty, low awareness, fear, and stigma delay care-seeking, weakening the treatment continuum and fueling transmission. Health systems face limited diagnostic capacity, poor quality of services, and a shortage of trained healthcare workers. In this context, CARE Nepal is implementing the TB project, "Sanjeevani," in Rautahat District of Madhesh Province in partnership with a local NGO. The project encompasses active case finding of TB (screening, diagnosis), treatment, prevention, care and support for TB patients. Our project will focus on improving case detection, early diagnosis and tackling stigma and harmful social norms in Madesh – the province with the highest national TB incidence rate.

The initiative engages all levels of government (federal, provincial, local) plus communities and stakeholders in planning, implementation and accountability. It activates micro-planning at local (ward/municipality) level, with the idea that each local government can formulate a plan for identification, diagnosis, treatment and support of TB in its population, and then apply to be declared "TB Free" if criteria are met.

CARE Nepal is seeking for the consultant service from a qualified organization to undertake the baseline survey for the Sanjeevani project as per the detailed mentioned in the ToR.

Project Goal:

Early detection of TB will be enhanced, closing the gap of the estimated 45% undetected cases, leading to more effective and timely treatment and continuum of care to deliver a sustained reduction in TB incidence.

Overall Outcome:

- Strengthened health systems for TB service delivery that ensure timely identification, effective management, and sustained patient care, alongside empowered communities and improved social support.

Impact indicators

- Percent increase in TB case detection rate
- Percent increase in TB treatment coverage

Outcome 1: Frontline health system strengthening

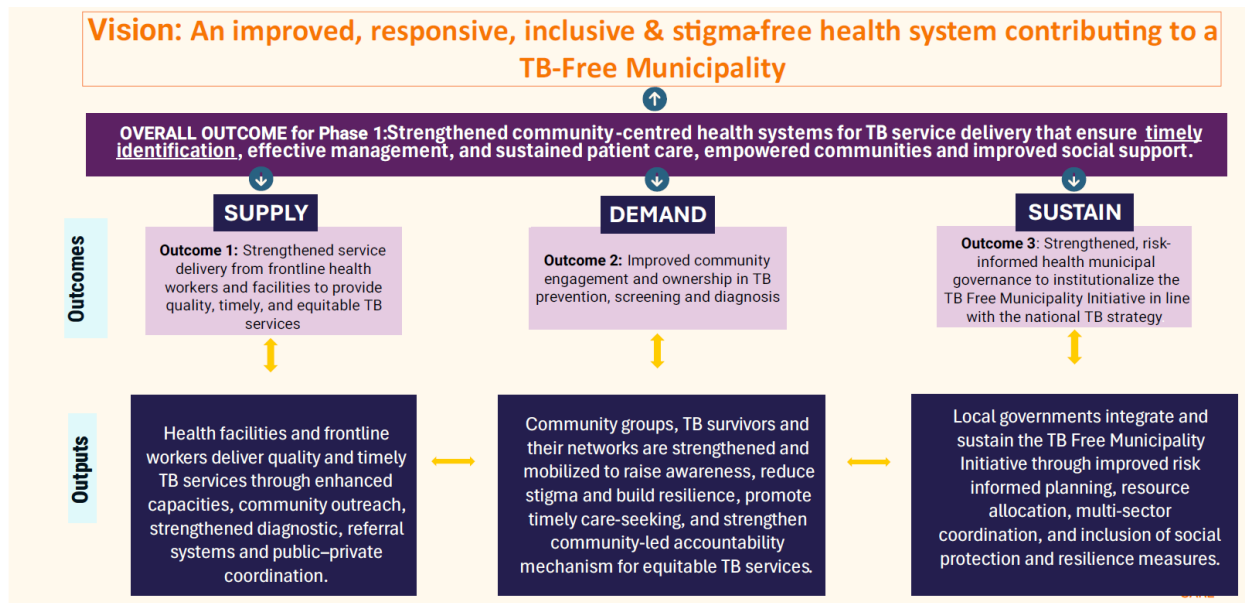
- Strengthened service delivery from front-line health worker and facilities to provide quality, timely and equitable TB services

Outcome 2: Community Engagement and ownership

- Improved community engagement and ownership in TB preventions, screening and diagnosis

Outcome 3: Governance and multi-stakeholder partnership

- Strengthened, risk informed health municipal governance to institutionalize the TB free Municipality Initiative in line with the national TB strategy.



Objectives of the Study

- To determine baseline status of TB case detection rate and treatment coverage in project areas
- To assess existing health system capacity for TB identification and management including service delivery practices across project areas
- To assess community engagement, and social support mechanisms that influence

timely identification, effective management, and care of TB patients.

- To determine the current level of community knowledge, attitude and practice in TB prevention, diagnosis, and treatment support.
- To assess the current state of municipal governance, coordination mechanisms, and institutional readiness to implement and sustain the TB Free- Municipality Initiative in alignment with the national TB strategy.

Alongside apply an intersectional lens to the analysis to uncover specific factor that weigh more heavily against women, girls, PLWD and other minoritized groups in the detection and treatment of TB and that cause greater vulnerabilities. In the same way, uncover weak points in TB prevention, treatment and referral systems that are particularly sensitive to climatic shocks that would need to be urgently addressed by the project.

Methodology

The methodology should include quantitative and qualitative methods with triangulation of the obtained data. It is expected that the consultant team will use the following methods.

- i. **Development of evaluation approach and participatory data collection methods:** this should include a) timeline and work plan, b) interview guideline, c) detailed methodology clearly addressing the requirements of objectives along with strong counterfactual for comparison of project interventions
- ii. **Quantitative household Survey**
- iii. **Qualitative interviews through FGDs, KIIS and relevant participatory methods**
- iv. **Observation of health facilities through observation checklist**
- v. **Data entry, formatting, editing, analysis and verification**
- vi. **Report generation along with learning brief and slide-deck**

Sampling and geographic coverage

The study will be conducted in both project intervention and non-project intervention areas. The proposed project intervention Palikas are Gaur Municipality, Chandrapur Municipality, and Durga Bhagwati Rural Municipality of Rautahat District. In addition, the study will be carried out in a non-project intervention location situated outside the project Palikas and district to avoid contamination. This comparison area will be selected based on similarity in geographic setting, literacy levels, and socioeconomic conditions, enabling a robust comparison of baseline indicators between intervention and nonintervention areas.

The baseline study will be conducted using a sample of approximately 500 respondents per intervention Municipality. In addition, sample size for non-intervention areas is expected to be selected at 1:2 ratio compared to the intervention Municipalities. The incumbent is expected to propose sample size methodology and probability sampling technique to select the final sample.

Role of CARE Nepal

- Coordinate meeting between consultant and CARE Nepal team members.
- Provide necessary orientation about the project and alongside the relevant project documents
- Provide secondary information and any other relevant materials for the study.
- Provide technical and conceptual support to the consultant as per the requirement.
- Review of the proposal and inception report shared by the consultant
- Conduct field visit monitoring to assure the data quality is maintained during the survey.
- Review the quality of the data collected and share the feedback.
- Ensure the data quality and protection and data are stored in the database system.
- Review and provide feedback on all submitted deliverables

Role of Consultant

The consultant will follow the guideline provided by CARE Nepal for the study.

- The consultant should develop the study methodology and share the tentative timeline with CARE Nepal
- Develop a detailed plan for carrying out the study including the development of the study tools and structure for conduction of study
- Undertake the baseline evaluation process as per the ToR and agreed timeline.
- Draft and finalize the questionnaire for the study in close coordination with CARE Nepal team
- Ensure the surveys are done in a safe environment, obtaining consent, and other ethical considerations while conducting the surveys, such as confidentiality, respondents' rights to refuse to participate in the survey, withdraw from the survey at any point, and to not answer specific survey questions.
- Share the transcripts of the qualitative interviews, and quantitative data
- Data validation and report preparation
- Consolidate the feedback provided on the reports to finalize the report taking into consideration the timeline of submission of report
- Obtain approval from National Health Research Council (NHRC)

Ethical consideration during data collection

All enumerators will be trained in do-no-harm principles, child protection, safeguarding, and research ethics. In addition, the following actions will be put in place during the data collection:

- Take parent's consent before the start of the survey if the girls and boys are below 18 years of age and consent of participants if above 18 years of age.
- The surveyor will ensure the confidentiality of the respondent's answers, which also applies to disability, caste, and the community they belong to.

- The respondent has the right to withdraw interviews between the surveys.
- The respondent has the right to not participate in the survey.
- The respondent has the right to not answer the questions.
- Ensure CARE safeguarding policy during the interview procedure.

Qualification

- The lead consultant shall have at least a Master Degree/Ph.D. preferred in public health
- A minimum of 5 years of work experience in using research methodologies, including designing and carrying out complex surveys encompassing both quantitative and qualitative data collection and analysis, especially in TB or infectious diseases
- The consultant/team should have demonstrated excellent data analysis, interpretation and writing skills in similar evaluation tasks
- The consulting firm should have experience of carrying out similar assignments in health particularly TB or infectious diseases including experience in designing and managing large scale and complex socio-economic and health surveys and qualitative study for similar scope and scale in Nepal.
- Demonstrated experience in undertaking GESI sensitive surveys
- Examples of at least three similar completed assignments and outputs shall be shared during the discussion meeting
- The team should have demonstrated hand-on experience in TB case detection, early diagnosis, patient referral, and community-based interventions to address TB related stigma, gained through direct involvement in TB programs or similar public health initiatives.
- Sensitive towards issues affecting women and girls, caste, religion, disability, culture, social norms and education for all, and intersectionality

Deliverables

Based on review and analysis of the studies concept and project document, the following deliveries are expected.

1. Inception report and data collection tools
2. Enumerator training materials.
3. Cleaned quantitative data and qualitative transcripts in English.
4. Draft evaluation report and presentation with preliminary findings.
5. Finalized evaluation report
6. Presentation

Expected deliverables

A. Inception report and data collection tools

- The report should include details on data collection methodology, sampling, data collection processes, and analysis plan.
- Detailed work-plan with timeline
- Survey tools (household questionnaire and health facilities observation checklist)
- Qualitative interview guidelines

B. Enumerator training materials:

- Materials used during the training, such as presentation slides, and any further adaptations made to the tools.

C. Cleaned final data

D. Endline report

- The selected consultant/company is expected to develop a high-quality high-standard report, outlining findings, inferences, and recommendations in implementing areas.

E. Presentation

- The selected consultant/company will develop and deliver a presentation on the key findings of the study and recommendations. This presentation should also include preliminary findings and future recommendations for the project.

Timeline: The proposed duration of the consultancy is approximately 70 days and is expected to start on 30 April 2026 and needs to be accomplished by 15 July 2026.

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Evaluation criteria of Proposal

The evaluation carried a total of 100 marks:

1. 70 Marks for technical evaluation with following evaluation criteria:
 - Methodology
 - Technical and Financial proposals separately
 - Time and activity schedule
 - Organizational/Personnel Capacity Statement
 - Relevant experience related to the assignment
 - One previously completed similar kind of report
2. 10 Marks for presentation and discussion.

3. 20 Marks for financial evaluation (10 marks for legal compliance and 10 Marks for quality and clarity of the financial proposal and lowest proposal).

Note: A consultancy firm must obtain a minimum of 80% of the total technical evaluation score to be considered eligible for the further interview stage.

Terms of Payment

The consultant must submit the final report as per the agreement date. The payment will be made after the satisfactory completion of work, satisfactory delivery of all deliverables, and submission of all financial documents. Taxation laws will apply to the total contract value (TCV).

The following payments will be paid to the firm/consultant using an agreed mode of payment.

- 30% of the contract value after submission of the inception report.
- 40% completion of data collection process.
- 30% of the contract value after approval of the final report, satisfactory delivery of all deliverables and submission of all data sets.

All the first payment will be released once approved from the CARE Nepal's evaluation focal person.

Note: CARE will not have any liabilities on any unanticipated incident (accident, injury, natural disaster, etc.) to the consultant.

Required Documents

- Separate Technical and financial proposals in pdf format with signature and stamp along with the date.
- Sample of similar assignment completed previously.
- CV(s) of the Consultant/Team with full date of birth in DD/MM/YYYY format. The date of birth is required for vetting purposes.
- For firms: Copies of- Firm registration certificate, VAT registration certificate, latest tax clearance certificate. For firms that are tax exempted by the government, a copy of the tax exemption certificate should be submitted.
- If any documents/information is not available or not applicable, the reason(s) must be clarified in the proposal form. CARE Nepal will have the right to disqualify the proposals from the selection process if the proposal submission guideline has not been followed.
- The consultant is required to manage local enumerators, supervisors, and other relevant team members from the local level who are able to communicate in Bajjika and Maithili, in addition to Nepali.

Note: The project will likely require ground level information; therefore, the

consultant/consultancy will have to manage all transportation/accommodation is required. So, this detail to be submitted with a financial proposal. CARE Nepal will not providing overhead cost therefore requested to submit the quotation excluding this one.

Confidentiality / non-disclosure

All information obtained by the consultant in connection with CARE's working practices must be treated as confidential and must not be disclosed to any individual who is not directly involved in preparing this proposal. Any discussion of CARE's business practices by the consultant may be grounds for disqualification. CARE reserves the right, at its discretion, to request the consultant to sign a non-disclosure agreement.

Conversely, CARE agrees that all information received in response to this request for proposals will be kept strictly confidential and will not be disclosed to any third party, except those directly responsible for evaluating the proposals, without the express consent of the consultant.

All information contained in this call for tenders is confidential and must not be disclosed or used for any purpose other than responding to this call.

Ethical Considerations

The consultant must adhere to CARE's ethical research standards, including:

- Ensuring informed consent and voluntary participation.
- Maintaining confidentiality and data protection.
- Demonstrating sensitivity to power dynamics and potential risks to participants, particularly women and marginalized groups.

Protection from Sexual harassment, exploitation and abuse

CARE does not tolerate any activity that may constitute or lead to the sexual exploitation or abuse of vulnerable adults or children who CARE supports in the course of its work. In the event that the consultant's work under these terms of reference involves interaction with CARE programme participants, the consultant agrees to comply with CARE International's Safeguarding Policy: Protection from Sexual Harassment, Exploitation and Abuse of Children as well as other policies that form an integral part of the Consultancy Agreement (e.g., those related to the prevention of fraud, corruption, conflict of interest, among others).

Proposal submission:

Interested service providers registered in VAT and meet the requirements must send their technical and financial proposals (both documents in separate PDF file) to the following email address: NPL.CareNepal@care.org indicating in the subject line: "*Consultancy Baseline_Sanjeevani*". The deadline for submitting proposals is **16th April 2026**.

Duration of the consultancy: The proposed duration of the consultancy is approximately 70 days and is expected to start on 30 April 2026 and needs to be accomplished by 15 July 2026.

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