

**Terms of Reference  
For  
Reducing gaps for quality Post-pregnancy Family Planning services**

**Background**

Maternal mortality remains high in Nepal with 259/100000 live births in 2016 NDHS. The MMEIG estimates shows decline in MMR to 186/100000 live births in 2017. Nepal is currently in the third stage of obstetric transition where the mortality is still high and direct causes of mortality remains predominant. This is a complex stage because access remain an issue of the population, on the other hand quality of care is the major concerns of health outcomes

Nepal has made considerable progress in improving access to and utilization of family planning services. Government of Nepal had endorsed National Family Planning Costed Implementation Plan (CIP) 2015-2020 as a step towards achieving the goals and outlines national strategies and interventions that must be adopted to ensure that high quality family planning services are available and accessible to all Nepalese, as well as the tentative resources required to realize this vision.

The postpartum period, through the first 12 months following childbirth, is the well-timed opportunity for reaching the women with an acceptable and effective family planning method, thereby reducing the likelihood of unintended pregnancy and increasing the likelihood of healthy timing and spacing of pregnancy. Family Welfare Division (FWD) has dedicated efforts to upgrade its ongoing programs based on recent evidences and ensuring quality of service. Postpartum and Post Abortion family planning, collectively representing Post-Pregnancy Family Planning (PPFP) integrated with routine family planning services and reproductive health services, is one of the strategic efforts for reaching this target.

However, PPFP is one such gap where Nepal has very high unmet need during the period. Considering the increasing trends in ANC, institutional delivery, immunization and abortion services, there are opportunities of providing PPFP counseling and services when a woman comes to health facility. These are the point of contacts which health worker can take as an opportunity to provide PPFP information, counseling and services.

The WHO FP Accelerator project has identified PPFP as an important intervention for Nepal and collaborated with FWD in assessment of Postpartum FP situation and South-South learning exchange (SSLE) program to identify the gaps and recommendations as a country team for advancing PPFP services. A situation analysis report has been produced following NDHS 2016 data analysis, desk review and health facilities assessment. The report includes the strengths, gaps and recommendations for way forward. Similarly, the SSLE program has been initiated with Sri Lanka where stakeholders have been involved in both the countries and are learning from

each other on strengthening PPFP services and expansion of eLMIS. WHO is planning to collaborate with FWD to build on the process for strengthening post-pregnancy FP services in Nepal.

### **Objectives of the assignment**

The general objective of this initiative is to facilitate implementation of South-South Learning Exchange (SSLE) process and to advocate with policy makers and program managers to improve access to quality and rights-based post-pregnancy FP services (PPFP).

**The specific objectives are as follows:**

**I. To facilitate implementation of South-South Learning Exchange process for building capacities of program managers on PPFP**

1. Provide technical assistance during all steps of the SSLE process to facilitate the implementation of learning exchange between Sri Lanka and Nepal on PPFP and eLMIS and identify action plans for Nepal.
2. Support FWD to build capacity of program managers to support implementing the action plan following the learning exchange.
3. Coordinate with FWD to monitor implementation of the process and document process, results and lessons learned from the exchange program.

**II. To advocate with policy makers and program managers to improve access to quality and rights based post-pregnancy FP services**

1. Develop and prepare evidence-based advocacy tools on improving access to quality and rights based PPFP services in collaboration with FWD and stakeholders
2. Assist FWD in identifying mechanisms for advocacy with key stakeholders at national and sub-national levels
3. Facilitate in organizing workshops and programs at national and subnational levels for advocacy on PPFP in leadership of FWD

### **Methodology:**

Every activity should be carried out in collaboration with and under the leadership of the Family Welfare Division and in close coordination with the WHO with clear acknowledgement of all stakeholders. Limitations in travel and in country meetings due to COVID-19 pandemic may necessitate reliance on virtual platforms as the primary mechanism for the learning exchange. However, where and when appropriate, permissible and necessary, in-country and in-person activities cognizant of COVID-19 precautions may be used.

A technical implementing partner (IP) will be onboarded to facilitate the process. To support the SSLE, the Standard operating procedures (SOP) developed by WHO to guide the process of SSLE should be used and adapted to the specific requirement. The technical IP will support operationalizing country working teams supporting in SSLE and advocacy by

- i. ensuring engagement of relevant stakeholders,
- ii. facilitating organizing in-country and inter-country activities,
- iii. supporting Government counterparts (FWD and Management Division) to prepare technical documents, policy brief, advocacy materials, presentations,
- iv. building capacity of program managers for implementing the action plan following the SSLE sessions,
- v. coordinating logistical arrangements during the process,
- vi. carrying out monitoring of the implementation of the process,
- vii. coordinating the writing and documentation of the process, results, experience and lessons learned on implementation of the plan.

Respective teams from WCO and Provincial Health Directorate, SRHR Officers will be providing technical support.

### **Time frame**

The proposed time frame for implementation will be a financial year at a time for the period of five months from August – Dec 2021.

### **Implementation Arrangement**

The following agencies will be involved in carrying out this assignment:

- A. Family Welfare Division: The Family Welfare Division will be lead agency with overall technical supervision. It will coordinate with Provincial and Municipality levels, relevant stakeholders and also facilitate to make avail of all necessary background materials concerning the assignment. It will support to coordinate with other agencies at national and sub-national levels and organize consultative meetings as per need.
- B. WHO: WHO Nepal will provide technical and financial support for this assignment. It will provide necessary technical guidance. It will also facilitate to provide relevant materials, if any.
- C. An Implementing Partner: An institution with relevant experience and expertise will be engaged to carry out this assignment. The team will manage their logistics with budgetary provision to organize field visit, consultative meetings, workshops among others in order to accomplish the assignment.

### **The implementing partner should have:**

1. Good understanding and proven experience of planning and implementing Family Planning related programs;
2. Proven experience of family planning related issues in Nepal;
3. Excellent understanding of social complexities related to family planning and post-pregnancy FP and other SRHR issues in the local context;
4. Understanding of health systems in federal context;

2. Understanding of the local context and capacity to provide practical and sustainable solutions;
3. Proven experience working with GoN/MoHP/UN partners;
4. Proven experience in organizing meetings and workshops, developing technical materials, producing and finalizing reports, developing action plans and documentation.

### **Institutional competency and experts**

The contractual partner should have a team lead, having excellent academic background and sufficient relevant experience. A mix of professionals is needed for the work. Following are the minimum categories of team members

<b>SN</b>	<b>Position</b>	<b>Minimum Qualification</b>	<b>Preferable Experiences</b>
1	Team Leader (1 at National level)	Master's degree in Public health with medical background	15 years' general experience in relevant technical area. 10 years' professional experience on SRH. Experience on policy dialogue, coordination, advocacy and capacity building activities.
2	Senior FP Expert (1 at National level)	Master's Degree in Public Health with health background	10 years' general experience in SRH area. 7 years' professional experience in FP. Experience on developing FP related technical documents, organizing and facilitating meetings and workshops.
3	Documentation Officer	Bachelor's degree	Knowledge and use of computer and experience in material development and formatting of the document, and ability to incorporate feedback/suggestions and documentation of workshop/meeting proceedings, develop infographs

### **Specific ToR and man-days calculations for each position:**

<b>SN</b>	<b>Position</b>	<b>Detail tasks</b>	<b>Total Man-days</b>
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	Team Leader (1 at National level)	<ol style="list-style-type: none"> <li>1. Overall responsibility for initiation and implementation of all activities with delivery of technical materials, advocacy materials, capacity building materials</li> <li>2. Develop working relationship with FWD, MD, Provincial Levels, WHO and other key stakeholders.</li> <li>3. Guide team to identify action plan and implementation for integration of PPFP services programming</li> <li>4. Review and finalize technical materials and reports</li> <li>5. Represent the team in various forums including WHO RO and HQ level meetings</li> </ol>	45
	Senior FP Expert (1 at National level)	<ol style="list-style-type: none"> <li>1. Work closely with WHO to coordinate with FWD and officials to identify coordination mechanism.</li> <li>2. Ensure close coordination and participation of key stakeholders in the SSLE process</li> <li>3. Support to identify action plan and finalize in coordination with the key stakeholders for integration of PPFP in existing programs</li> <li>4. Review existing evidences and materials to develop and finalize technical and advocacy materials for SSLE sessions and advocacy workshops</li> <li>5. Facilitate in SSLE sessions and advocacy workshops</li> <li>6. Participate in various forums including WHO RO and HQ level meetings</li> <li>7. Develop technical reports on process, results, key lessons learned for submission</li> </ol>	90
	Documentation Officer (1 at Provincial level)	<ol style="list-style-type: none"> <li>1. Support to format advocacy materials, capacity building resources in coordination with the technical team</li> <li>2. Identify and document issues, challenges, best practices identified during the processes</li> <li>3. Develop infograph of the process and achievements at provincial and national level in close coordination with technical team</li> </ol>	30

### Expected Outputs:

1. Coordination mechanism for SSLE established and functional
2. Priorities identified from the SSLE integrated in existing services to strengthen PPFP
3. Evidence briefs/technical materials on PPFP developed for policy dialogue.
4. Subnational levels identify PPFP priorities for implementation.

### Deliverables

The terms of the assignment shall commence on effect from the date of signature by both the Parties. All deliverables as mentioned below proposed to be completed within proposed period starting from contract signing date. The proposed dates and deadlines to carry out different activities are:

1. Monthly Reports on activities carried out under the South - South learning exchange including detail report of the support provided.
2. Evidence-based advocacy materials for post-pregnancy
3. End of Project Technical and Financial Report on progress and accomplishment, respectively, towards meeting the goals and objectives of the SSLE (which in this case is around PPFP services).
4. Report on process, results, key lessons learned on what has helped or hindered progress in the country on implementing the action plan.
5. Program/workshop reports

The submission of deliverables will be in a form of report. Final report by end of contract end. This is the final report with final findings of all activities with incorporation of comments.

All deliverables should be submitted with workable e-copies in English. The final report will be a single document, whereas some supplementary information could be annexed separately, as applicable.

### **Copyright**

Copyright for the materials produced by the Consultant will remain with Family Welfare Division and WHO Nepal Country Office and includes the right to distribute the material or parts of it to other partners in Nepal and abroad.

### **Contact and communication:**

The implementing partner should report and maintain close contact with Section Chief at Family Welfare Division and NPO- Family Health, Gender and Life Course at WHO Nepal Country Office.

### **Budget and Payment modalities**

The payment will be done in three installments. The first installment of 25% will be provided upon sharing of technical materials and evidence briefs on PPFP. Second payment of 50% will be done upon submission of Action plan developed from SSLE. Last payment of 25% will be made upon submission of reports on process, results, key lessons learned on what has helped or hindered progress in the country on implementing the action plan and SoE.

### **Evaluation Criteria**

An evaluation team in WHO country office will evaluate the technical and financial proposal based on ToR, other specific criteria and the following documents;

**Technical Evaluation**

- Institutional profile
- Institutional experience
- Proposed process
- Team composition
- Qualification and experience of the professionals including team lead
- CVs of all personnel proposed

**Financial Evaluation**

- Professional fees
- Cost of the field work and workshops
- Total cost (taxes separately mentioned)
- Mode of payment (if mentioned other than ToR)

**Other terms and conditions are applied as per terms of reference and WHO's rules and regulations.**