**Terms of Reference (ToR)**

**End line Survey Consultancy Work**

|  |  |
| --- | --- |
| Contract Manager | Yam Nath YogiProject Director |
| Deadline for the submission of proposal | 25th September 2022 |
| Estimated date for award of contract | 5th October 2022 |
| Duration of contract | 45 days |

**Table of Contents**

[**List of Abbreviation** 4](#_Toc67995884)

[**1.** **Organizational overview** 5](#_Toc67995885)

[**2.** **Goal and Objectives** 5](#_Toc67995886)

[**3.** **Background of the study** 5](#_Toc67995887)

[**4.** **HEAL Project** 7](#_Toc67995888)

[4.1 Objectives of the project: 7](#_Toc67995889)

[4.2 Project Areas: 8](#_Toc67995890)

[**5.** **Mid-term Evaluation** 8](#_Toc67995891)

[5.2 Objective of the study: 8](#_Toc67995892)

[5.2.1 Specific Objectives: 8](#_Toc67995893)

[**6** **Performance Indicators** 9](#_Toc67995894)

[**7** **Resources provided to the consultants** 10](#_Toc67995895)

[**8** **Basic methodological issues to be addressed in the proposal** 10](#_Toc67995896)

[8.1 Study design: 10](#_Toc67995897)

[8.3. Study sites: 10](#_Toc67995898)

[8.4 Study population: 11](#_Toc67995899)

[8.5 Sampling unit: 11](#_Toc67995900)

[8.6 Sample size: 11](#_Toc67995901)

[8.7 Sampling techniques: 11](#_Toc67995902)

[8.8 Study tools: 11](#_Toc67995903)

[**9. Key responsibilities of consultation agency** 13](#_Toc67995904)

[**10.** **Data analysis** 13](#_Toc67995905)

[**11.** **Responsibilities of HEAL Nepal Project/TLMN** 13](#_Toc67995906)

[**12.** **Data Ownership** **Time line and Key deliverables** 13](#_Toc67995907)

[**13.** **Deliverables** 14](#_Toc67995908)

[**14.** **Minimum requirements of applicant** 15](#_Toc67995909)

[**15.** **Tender process and basis for award of contract** 16](#_Toc67995910)

[**16.** **Exclusion criteria** 16](#_Toc67995911)

[**17.** **Contract Payment term** 17](#_Toc67995912)

[**18.** **Submission of Proposal** 17](#_Toc67995913)

[**19.** **Deadline for submission of proposals** 18](#_Toc67995914)

[**20.** **Late proposals** 18](#_Toc67995915)

[**21.** **Modification and withdrawal of proposals** 18](#_Toc67995916)

[**22.** **Opening and evaluation of proposals** 19](#_Toc67995917)

[**23.** **Preliminary examination of proposals** 19](#_Toc67995918)

[**24.** **Evaluation and comparison of proposals** 19](#_Toc67995919)

[**25.** **Intellectual Property Right (IPR)** 20](#_Toc67995920)

[**26.** **Contacting TLMN** 20](#_Toc67995921)

[**27.** **Award criteria and award of contract** 20](#_Toc67995922)

[**28.** **TLMN’s right to vary requirements at time of award** 20](#_Toc67995923)

[**29.** **Signing of the contract** 20](#_Toc67995924)

[**Annex** 21](#_Toc67995925)

[**Proposal Guidelines for Applicants** 21](#_Toc67995926)

# **List of Abbreviation**

DHO: District Health Organization

DPHO: District Public Health Office

FCHV: Female Community Health Volunteer

FGD: Focus Group Discussion

G2D: Grade 2 Disability

KII: Key Informant Interview

LF: Lymphatic Filariasis

MDT: Multi-drug Therapy

NGO: Non-government Organization

NTD: Neglected Tropical Disease

QoL: Quality of Life

RFP: Request for Proposal

SHG: Self Help Group

TLM: The Leprosy Mission

TLMN: The Leprosy Mission Nepal

TOR: Terms of Reference

WHO: World Health Organization

# **Organizational overview**

**The Leprosy Mission Nepal**

The Leprosy Mission (TLM) is a UK based international non-government organization active in 34 countries; started its work in Nepal from 1957 with establishment of Anandaban Hospital in Lele, the southern part of Lalitpur. However, from 2005 TLM Nepal has been working as independent NGO in partnership with TLM International and the Government of Nepal to provide specialist tertiary care and technical support for leprosy control programs. It also undertakes internationally recognized research into leprosy and implements disability inclusive community development programs through its own activities and strategic partnership.

Being one of the largest NGOs in the country working in the field of leprosy, TLM Nepal mainly focuses in working with and for people affected by leprosy. Its development interventions focuses in the areas of health, capacity building, education, sustainable livelihoods, community development, advocacy and research working towards equity and inclusion of people affected by leprosy and disability in the development process.

# **Goal and Objectives**

The goal of the organization is to defeat leprosy and transform lives with major objective to help find, cure and heal people with leprosy in Nepal.

# **Background of the study**

Leprosy is an infectious disease caused by Mycobacterium leprae, an acid-fast, rod-shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes. Leprosy is curable and treatment in the early stages can prevent disability.

During the FY 2077/78 (2020/21), total number of 2,173 new leprosy cases were detected and put under Multi Drug Therapy (MDT). 2,197 cases were under treatment and receiving MDT at the end of the fiscal year. Registered prevalence rate of 0.73 cases per 10,000 populations at national level was reported this year which is below the cut-off point means below 1 case per 10,000 populations as per the standard set by WHO. A total of 95 (4.37%) new leprosy cases of Grade 2 Disability (G2D), 101 (4.65 %) new child leprosy cases and 796 (36.63%) new female leprosy cases were recorded.

Leprosy Control and Disability Management (LCDMS) section is a focal unit to manage, prevent, treatment and rehabilitation of disability. This unit is coordinating with DPOs and related organization for the disability prevention and rehabilitation of people with disability (Annual Report DoHS 2077/078)

Lymphatic filariasis, commonly known as elephantiasis, is a painful and profoundly disfiguring disease. In communities where filariasis is transmitted, all ages are affected. While the infection may be acquired during childhood its visible manifestations may occur later in life, causing temporary or permanent disability. In endemic countries, lymphatic filariasis has a major social and economic impact with an estimated annual loss of $1 billion and impairing economic activity up to 88% (Katabarwa M et al. 2008).

An estimated 120 million people in tropical and subtropical areas of the world are infected with lymphatic filariasis; of these, almost 25 million men have genital disease (most commonly hydrocoele) and almost 15 million, mostly women, have lymphoedema or elephantiasis of the leg. A recent estimation of the impact of MDA during the past 13 years suggests >96.71 million cases were prevented or cured, yet as many as 36 million cases of hydrocoele and lymphoedema remain. Of the total population requiring preventative chemotherapy, 57% live in the South-East Asia Region (9 countries) and 37% live in the African Region (35 countries). As one of the leading causes of global disability, LF accounts for at least 2.8 million DALYs; this does not include significant co-morbidity of mental illness commonly experienced by patients and their caregivers.

Lymphatic Filariasis (LF) is a public health problem in Nepal. As of March 2022, MDA has been stopped and post MDA surveillance is ongoing in 48 districts. All endemic districts completed 6 rounds of MDA in 2018 except Rasuwa which has been recently considered from confirmatory survey. Triple Drug Regimen (IDA: Ivermectin, Diethylcarbamazine and Albendazole) has been introduced in 5 districts from 2078. The LF elimination program has also indirectly contributed to strengthening of health system through training and capacity building activities. The transmission assessment survey in 18 districts in 2021/2022 found that prevalence of infection has significantly decreased.

The series of LF mapping conducted between 2001- 2012 by using ICT (Immunochromatography Test card) revealed that the average baseline prevalence of LF in Nepal was 13 percent ranging from less than 1 percent to as high as 39 percent in the districts Based on the ICT survey, morbidity reporting, vector density, sanitation status and geo-ecological comparability, 61 out of then 75 districts of Nepal were considered as endemic for LF posing risk to 25 million populations residing in those districts. 48 districts had stopped LF Mass Drug Administration (MDA) after successful Transmission Assessment Survey (TAS) and 15 districts are planned for LF Mass Drug Administration (MDA) in 2023(2079/80). The disease has been detected from 300 feet above sea level in the Terai to 5,800 feet above sea level in the Mid hills. Comparatively more cases are seen in the Terai than the hills, but hill valleys and river basins also have high disease burdens. The disease is more prevalent in rural areas, predominantly affecting poorer people. Wuchereria bancrofti is the only recorded parasite in Nepal, the mosquito Culex quinque fasciatus, an efficient vector of the disease, has been recorded in all endemic areas of the country (Annual Report DoHS 2077/078).

66% leprosy patients from Western region affirmed that they would conceal the disease condition as long as possible, 58% anticipated decreased self-esteem due to the condition, and only 40% had disclosed the condition to close ones (Adhikari et al., 2014). There is a need for increased awareness to challenge the community to develop more positive attitudes and tolerant behavior towards those affected.

Inadequate access to early diagnosis and relatively cheap preventive treatment (prophylaxis or chemotherapy) by people at high risk in the 11 districts. In 2016, the government reported 3,054 new leprosy cases – Central (38%), Eastern (26%) and Western (15%) regions had the highest prevalence (Ministry of Health, 2015). Lalitpur, Banke, and Bardiya districts have the highest number of LF cases. Five rounds of mass administration of preventive prophylaxis did not disrupt the transmission cycle in endemic areas, probably because of high baseline prevalence (Ojha et al., 2017).

Untreated leprosy causes permanent damage to the skin, nerves and limbs. Lymphatic filariasis (LF) causes abnormal enlargement of body parts. Both cause profoundly painful and disfiguring disability and social stigma.

Leprosy prevalence has stagnated over the last several years. Poor management of complications leads to severely disfiguring irreversible disabilities. 25% of leprosy patients develop severe reaction. 20-35% of LF patients have acute attacks. The Ministry of Health estimates 5,574 LF patients from target districts require hydrocele surgery. Low uptake by public health workers of highly-effective clinical innovation for managing leprosy and LF pioneered by TLMN’s Anandaban Hospital.

Health providers have inadequate knowledge, skills and empathy to diagnose and manage leprosy and LF illness and disabilities after a confirmed diagnosis.

# **HEAL Project**

The new leprosy cases reported 3,282 in 2019 with the highest prevalence in province 2 i.e. 1.93 per 10,000 followed by province 5 and Far Western province 1.05 (EDCD Report 2019). However, in 2021 Highest NCRD (11.78) and PR (1.06) both were observed in Madhesh Province followed by NCRD (10.81) and PR (1.3 ) in Lumbini province (Annual Report 2077/078 DoHS) . Out of 11 working districts of Heal project, 7 districts fall in Madhesh and Lumbini province which have more than 1 case per 10,000 which indicates the high risk in those districts.

Heal Nepal will improve health, dignity and wellbeing of 2,136 people affected by leprosy and lymphatic filariasis (LF) from 11 highly endemic districts in southern Nepal by 21st October 2022. It will support 3651 Government health workers and female community health volunteers to use highly effective methods to identify, diagnose, treat and manage leprosy and LF and complications and prevent disability. It will support 1,379,657 community members to develop less discriminating attitudes towards leprosy and LF, and higher tolerance for patients receiving treatment, through a thought-provoking awareness campaign. People at risk of infection will access early diagnosis and preventive prophylaxis.

The project will support managing leprosy and LF complications and prevent stigmatizing and irreversible disabilities using highly effective clinical innovations. It will create safe spaces for patients to explore inner strengths, improve self-image and wellbeing, and advocate for rights. This project aims at providing the integrated services of LF and leprosy together in order to reduce stigma associated with both of these diseases due to the disfiguring disability resulted from untreated cases.

## Objectives of the project:

The three years project will improve the health, well-being and dignity of people affected by leprosy and lymphatic filariasis from 11 highly endemic districts in southern Nepal. HEAL Nepal will provide cutting edge treatments and care. More specifically, by training and building the capacity of health care workers, offering therapies and assistive devices, the establishment and training of self-care groups, as well as through awareness raising and advocacy efforts, the project will have contributed to:

-Raised awareness of community members from 11 endemic districts of Nepal about leprosy and lymphatic filariasis

-Increased detection, treatment, referral and reporting from district to health outpost levels

-Reduced complications and progression of disabilities faced by leprosy and LF patients, thanks to cutting edge clinical innovations at Anandaban Hospital

-Improved facilities, evidence and influencing capacity at Anandaban Hospital ·

-Facilitation of safer spaces for people affected by leprosy, LF and disability to build up a positive self-image and actively engage in community and rights advocacy

4.2 Project Areas:

Morang, Sunasari, Bara, Parsa, Rautahat, Lalitpur, Chitwan, Rupandehi, Kapilvastu, Banke and Bardiya

# **End line survey**

## 5.2 Objective of the study:

In order to measure the success of the project interventions and assess the outcome of the project, the evaluation will be carried out in the implementation districts. The evaluation aims to assess the continued relevance of an intervention and the progress made towards achieving its planned objectives in HEAL project. This will provide an picture of project success ensuring the achievement of these objectives within the lifetime of the project.

### Specific Objectives:

The specific objectives of the mid-term evaluation are as follows:

1. To evaluate the increases in percentage points scored on Quality of Life (QoL) tool for a representative sample of targeted men and women diagnosed with and treated for leprosy and LF as a result of project interventions
2. To measure the attitude change towards people affected by leprosy or LF among community members reached by the awareness campaign of the project
3. To assess the positive change in wellbeing of members of self-help groups who has been benefitted by project interventions through WHO 5 Wellbeing Index
4. To determine the effectiveness of project interventions by qualitative survey administration among project beneficiaries

# **Performance Indicators**

|  |  |  |
| --- | --- | --- |
| **Level** | **Indicator** | **Remarks** |
| Outcome Indicator 1 | Increases in percentage points scored on Quality of Life (QoL) tool for a representative sample of targeted men and women diagnosed with and treated for leprosy and LF |  |
| Outcome Indicator 2 | Number of preventative and curative treatments and assistive devices provided that have contributed to the improvement of people’s health |  |
| Output Indicator 1.2 | Number of people reached by the campaign demonstrating effective change towards supportive attitudes for people affected by leprosy or LF |  |
| Output Indicator 2.4 | Number of leprosy or LF patients reporting that they are satisfied that health worker attitudes towards them are compassionate and non-stigmatizing (20% of total cases) |  |
| Output Indicator 5.1 | Number of members of self-help groups who have a raw score of above 15 points on WHO 5 Wellbeing Index |  |

# **Resources provided to the consultants**

HEAL Nepal project team/TLMN will provide required budget and information required for the entire contract period and work together with the contracting agency until the end of the contract.

# **Basic methodological issues to be addressed in the proposal**

## 8.1 Study design:

This is a mixed method study. The study designs have been discussed below

A cross sectional survey will be carried out based on the data collected by the project from the intervention of the project to end of September 2022 (22 Oct 2019- 21 October 2022) among the sampled study population

Method Mix:

* Quantitative data collection
	+ Semi-structured questionnaire
	+ Clients satisfaction (interview)
	+ Administration of standard NTDs tools
* Qualitative data collection
	+ FGD
	+ KII

The consultant will propose the methodology including detail of study methods/design, sampling techniques/procedure and sample size, ethical considerations, specific roles and responsibilities.

## 8.3. Study sites:

* Select five districts randomly out of 11 program districts (as in baseline survey for all the surveys)
* A sample of 1000 community members for assessing the outcome of radio awareness program in selected districts and 300 leprosy patients and 150 LF patients will be randomly selected from five districts where the community intervention program is being implemented through the project
* 20% of reached leprosy and LF patients to be interviewed with WHOQoL BREF tool
* 289 self-help group members (130 male & 159 female) to be interviewed with WHO 5 Wellbeing index
* 8 FGDs (4 SHGs, 4 FCHVs) for assessing the project activities implemented by the organization (feedbacks, suggestions and recommendations). Out of 4 SHGs, 2 will be the program implemented group whereas 2 will be control groups.
* KII with district level health workers from 5 districts for understanding their perception on the impact of HEAL Nepal project on overall leprosy service delivery in the district.
	+ Trained health workers -5 KIIs (one in each selected district)
	+ DHO/DPHO -5 KIIs (one in each selected district)

8.4 Study population: Clients who received leprosy services from health facilities and Anandaban hospital, trained FCHVs and health workers, trained SHGs members and community population of FM radio coverage aged above 18 years.

8.5 Sampling unit: Health facility, Anandaban hospital, FCHVs, health workers and SHGs

## 8.6 Sample size:

***For community people***: 1000 community people from the 5 selected districts (data will be taken as per FM radio coverage to disseminate the project awareness messages.)

***For SHGs members:*** 289 self-help group members (130 male & 159 female) reached through the project intervention in selected districts.

***For other groups:*** Consulting agencies will be provided with beneficiaries’ data and they will draw the sample relevant for the survey based on the sample size calculation.

## 8.7 Sampling techniques:

For sampling frame, a list of beneficiaries, SHGs members, and those who received services well will be prepared based on HEAL project data. Systematic random sampling technique will be used to select the respondents.

## 8.8 Study tools:

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Indicator** | **Tool to be used** | **Survey Population** |
| Outcome Indicator 1 | Increases in percentage points scored on Quality of Life (QoL) tool for a representative sample of targeted men and women diagnosed with and treated for leprosy and LF | WHOQoL BREF | Individual Patients |
| Outcome Indicator 2 | Number of preventative and curative treatments and assistive devices provided that have contributed to the improvement of people’s health | FGDs | Program beneficiaries |
| Output Indicator 1.2 | Number of people reached by the campaign demonstrating effective change towards supportive attitudes for people affected by leprosy or LF | Semi-structured questionnaire | Community People |
| Output Indicator 2.4 | Number of leprosy or LF patients reporting that they are satisfied that health worker attitudes towards them are compassionate and non-stigmatizing | Client satisfaction survey  | Individual Patients currently receiving treatment |
| Output Indicator 5.1 | Number of members of self-help groups who have a raw score of above 15 points on WHO 5 Wellbeing Index | WHO 5 Wellbeing index | Among existing self -help group members |

The WHOQoL tools will be used to measure the QoL among beneficiaries who received the services. The WHOQoL was used during baseline study conducted by the project. Other tools for data collection will be developed by consultant in coordination with project team. The project expects the Research Agency (RA) will developed detail field organization and data collection plans, data quality assurance mechanism, data entry, cleaning, and analysis and report writing and time frame. The project also expects from RA for highlighting the ways of ethical approaches that they will consider for the study. The project expects RA to purpose data collection methods.

# **9. Key responsibilities of consultation agency**

* Develop study protocol with all the required surveys.
* Develop sampling framework for required interviews.
* Develop survey tools and interview guidelines
* Conduct data collection among samples
* Data Synthesis
* Data cleaning and verification
* Monitoring and supervision (consultant should have spent 25% time in the field)
* It is mandatory to follow the TLMN’s safeguarding and data protection policy including personal information of beneficiaries during the entire period of evaluation/Survey.

# **Data analysis**

* Data presentation
* Prepare final draft of the report
* Dissemination of findings to relevant stakeholders in Nepal

# **Responsibilities of HEAL Nepal Project/TLMN**

* Provide a set of necessary project document as the reference
* Support to consultant to finalize survey methodology and study tools
* Coordinate for local enumerator recruitment (if required), training facilitation and field supervision
* Provide necessary guidance and suggestion for survey
* Ensure the survey meets the project requirement
* Provide feedback on draft report and help finalize it
* Organize sharing meeting with project team and stakeholders as required

#  **Data Ownership** **Time line and Key deliverables**

Data Ownership TLM Nepal will hold the ownership of all the data produced as a part of the study. Prior approval from TLM Nepal is mandatory before making any presentation, and publication using these data.

|  |  |  |
| --- | --- | --- |
| **S No** | **Activities** | **Deliverables** |
| 1 | Prepare detail implementation plan for conducting the study | Implementation plan (Word/Excel file) |
| 2 | Questionnaire and consent finalization and documentation of changes in pre-testing | Final translated questionnaire, Final changes in pre-testing translated consent forms, Documentation of pretesting process and changes made after pretesting in doc form. |
| 3 | Recruit field researchers for data collection  | Documentation of criteria for recruiting field researchers including list of field researcher with their detail - name, academic qualification and years of experience (Word file). |
| 4 | Arrange training sessions for field researchers  | Training session plan/agenda (Word file), Power point slides used in training |
| 5 | Arrange for appropriate logistics  | Field manual (Word file) |
| 6 | Conduct the field work (interviews)  | Weekly field work notes in doc format. |
| 7 | Field supervision and monitoring  | Monitoring plan (Excel/Word file) |
| 8 | Entry (if not digital data collection) and Clean data  | Final database as per sample (cleaned in Excel and SPSS/ST AT A) |
| 9 | Analyze data and submit report  | Data analysis plan (Word file), Report (I soft copy & I hard copy), Research brief/factsheet (Word file), Infographic/summary brief and presentation slides. |
| 10 | Dissemination PowerPoint slides, Attendance sheet |  |

The suggested assignment will be started from October and ends in November 2022. The final report to be submitted to TLM Nepal is by end of November 2021. The detailed timeframe is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **September** | **October** | **November** |
| **Award of contract** |  |  |  |
| **Design and preparation** |  |  |  |
| Develop study protocol |  |  |  |
| Develop assessment tools &Training |  |  |  |
| **Research**  |  |  |  |
| Data collection |  |  |  |
| Data synthesis |  |  |  |
| Data cleaning and verification |  |  |  |
| **Synthesis and write up** |  |  |  |
| Data analysis |  |  |  |
| Prepare final draft of the report |  |  |  |
| Preparation of PPT of final report |  |  |  |

# **Deliverables**

Deliverable 1

1. Final research protocol
2. Ethical approval
3. Final tools and guidelines with sample size

Deliverable 2

1. Final Training report with participants name
2. Data Collection plan for enumerators and Monitoring plan for supervision
3. Cleaned quantitative raw datasets
4. Final qualitative transcripts (in English)
5. Data analysis and interpretation framework

Deliverable 3

1. Draft report after the data analysis
2. Final set entered and cleaned dataset
3. Final Study report (both electronic and a hard copy) after incorporating the comments and suggestion
4. Power Point presentation containing findings and recommendations

#  **Minimum requirements of applicant**

The scope of this Request for Proposal (RFP) requires an organized office set up or a group of small people, rather than an individual to apply. The selected research agency should have at least 2 years’ experience in managing research. This includes the preparation of protocol, tool preparation, maintaining records, and ensuring confidentiality of records as well as preparing reports as per international standards. The agency will have sufficient experience and capacity to manage logistics, including equipment, materials, and personnel. The agency will preferably have experience in handling sensitive material and information, and in conducting interviews concerning potentially sensitive issues.

The agency must have experts in public health and/or social sciences with several years of experiences in relevant field. NTDs working experience (preferably leprosy and LF) will be an added advantage. They must have a proven track record of undertaking research/ evaluation studies in urban, semi-urban and rural settings in Nepal or other neighboring countries.

Team Leader with Master’s Degree (PhD preferred) in a relevant field with hands-on experience in any of health-related products/services and several years of experiences in leading complex qualitative and quantitative research is a must. Prior work experience of conducting baseline/end-line research for NTDs programs will be considered an advantage. Total three core members should be included in the team including statistician.

Enumerators should be experienced on research activity or data collection with similar research and have sociology, development study, health education, nursing or public health degree.

Both national and international research agencies, research or consulting institutions and academic groups are equally encouraged to apply, as long as they meet the minimum requirements.

# **Tender process and basis for award of contract**

**Tender process/Application procedures**

Applicants submitting a tender will be expected to provide the following information:

1. Organizational profile and relevant experiences
2. Proposal as per the guidelines provided in Annex.
3. Any departure from the TOR or proposed timeline.
4. Full budget: in local currency (Nepalese Rupees).
5. Organization/Firm/Company registration or equivalent registration
6. PAN/ VAT and other legal documents
7. Latest tax clearance certificate
8. Registration with Social Welfare Council (for NGO) along with renewal (if applicable)
9. Annual audit report of last fiscal year
10. Reference of previous work done OR sample report

The price quoted is fixed and not subject to revision. Costs incurred in preparing and submitting tenders are borne by the offers and shall not be reimbursed. TLMN will seek references before the award of contract.

Interested research service providers are hereby invited to submit a proposal and quote on this assignment. First, technical and financial proposals should be sealed separately and then both of these sealed proposals should be kept into another common envelope and again sealed and submitted. The proposal should include the following information written in English. The main text should be submitted in a size 12 Times New Roman font, spacing 1.5.

A technical and financial proposal on the basis of this ToR (considering all requirement and responsibilities) is expected from consultant. The consultant should first enclose technical and financial proposal in two separate envelopes, sealed envelope of technical and financial proposals into one bigger outer envelopes, seal again and submit it. Appropriate labeling should be mentioned on the envelopes.

# **Exclusion criteria**

Participation to this tender is only open to contractors who are not in one of the situations listed below:

* bankrupt of being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations
* have been convicted of an offence concerning their professional conduct by a judgment which has the force of judiciary
* have been guilty of grave professional misconduct proven by any means
* have not fulfilled obligations relating to the payment of social security obligations or the payment of taxes in accordance with the legal provisions of the country in which they are established
* have been the subject of a judgment which has the force of judiciary for fraud, corruption, involvement in a criminal organization or any other illegal activity
* in addition to the above, contracts may not be awarded to a tendered who, in the course of the procurement procedure, are subject to a conflict of interest or are guilty of misrepresentation in supplying any of the required information.

# **Contract Payment term**

Bidders are invited to note that, if awarded the contract, payment terms will be subjected to negotiation. TLM Nepal's standard terms of payment will be done upon completion of each delivery in the following way.

1. 25% upon completion of the 1st deliverable
2. 50% upon completion of 2nd deliverable
3. 25% upon completion of 3rd deliverable

# **Submission of Proposal**

Sealing and marking of proposal

The Bidder shall seal the proposal in one outer and two inner envelopes, as detailed below.

(a) The outer envelope shall be addressed to –

HEAL Nepal, The Leprosy Mission Nepal (opposite to COSMOS College) and marked with – RFP: *Final Evaluation* (HEAL Nepal: *Cutting-edge treatments and care to end suffering and disability caused by leprosy and lymphatic filariasis).*

(b) The 2 inner envelopes shall indicate the name and address of the Bidder and should be clearly marked with “Technical Proposal” and “Financial Proposal”. In summary, there will be one separate sealed envelope for the Technical Proposal and one separate sealed envelope for the Financial Proposal.

**Financial proposal included:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Particular | Rate | Unit | Total amount | Consultant need to propose  |
| Consultant fee |  |  |  | Yes |
| Enumerator remuneration |  |  |  | Yes  |
| Remuneration for data entry and transcribe |  |  |  | Yes |
| Enumerator travel cost |  |  |  | Yes |
| Enumerator accommodation and per diem |  |  |  | Yes |
| Consultant accommodation and per diem |  |  |  | Yes |
| Travel cost for consultants |  |  |  | Yes |
| Enumerator training expenses |  |  |  | Yes |
| Printing and documentation expenses |  |  |  | Yes |

Note: Days and rate for consultants and enumerators need to be proposed by consultancy agency.

# **Deadline for submission of proposals**

Proposals must be received by TLMN at the address specified. Sealing and Marking of Proposals no later than 16:00 hours on 25th September, 2022.

TLMN may, at its own discretion extend this deadline for the submission of proposals by amending the solicitation documents in accordance with clause Amendments of Solicitation Documents, in which case all rights and obligations of TLMN and Bidders previously subject to the deadline will thereafter be subject to the deadline as extended.

# **Late proposals**

Any proposal received by TLMN after the deadline for submission of proposals will be rejected.

# **Modification and withdrawal of proposals**

The Bidder may modify or withdraw its proposal after the proposal’s submission, provided that written notice of the modification or withdrawal is received by TLMN prior to the deadline prescribed for submission of proposals. The Bidder’s withdrawal or modification notice shall be prepared, sealed, marked and dispatched in accordance with the provisions of TLMN.

The modification document must be signed and sealed by the same person/authority who submitted original proposal.

No proposal shall be modified subsequent to the deadline for submission of proposals. No proposal may be withdrawn in the interval between the deadline for submission of proposals and the expiration of the period of proposal validity specified by the Bidder on the Proposal Submission Form.

# **Opening and evaluation of proposals**

TLMN will open the proposals in the presence of the Procurement Committee which will include representation from HEAL Nepal project- Project Director, Finance Manager and Project Officer. To assist in the examination, evaluation and comparison of proposals, TLMN may at its discretion, ask the Bidder for clarification of its proposal including breakdowns of unit cost. The request for clarification and the response shall be in writing and no change in price or substance of the proposal shall be sought, offered or permitted, except as required to confirm the correction of arithmetic errors discovered by the TLMN in the evaluation of the proposal.

# **Preliminary examination of proposals**

TLMN shall examine the proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order.

Arithmetical errors will be rectified on the following basis: If there is a discrepancy between the unit price and the total price that is obtained by multiplying the unit price and quantity, the unit price shall prevail, and the total price shall be corrected. If the Bidder does not accept the correction of errors, its proposal will be rejected. If there is a discrepancy between words and figures, the amount in words will prevail. Prior to the detailed evaluation, TLMN will determine the substantial responsiveness of each proposal to the ToR. For purposes of these clauses, a substantially responsive proposal is one which conforms to all the terms and conditions of the ToR.

A proposal, which does not meet the requirements outlined above, shall be rejected by TLMN.

# **Evaluation and comparison of proposals**

The Procurement Committee will evaluate and compare the proposals which have been determined to be substantially responsive in accordance.

A two‐stage procedure will be utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being opened and compared. The technical proposal is evaluated on the basis of its responsiveness to the Terms of Reference (TOR).

The financial proposal will be opened only if they meet the following condition:

The bidder’s proposal passed the minimum technical score of 70% of the obtainable score of 100 points in the evaluation of the technical proposals.

In the second stage, the financial proposal of all Bidders, who have attained minimum 70% score in the technical evaluation, will be evaluated. The financial proposal carries a total score of 30 %.

70% weightage will be given to the technical proposal (which pass the minimum technical score of 70%) and 30% weightage will be given to the financial proposal. The contract will be awarded to the Bidder scoring the highest combined scores.

#  **Intellectual Property Right (IPR)**

The power of Intellectual property right will reserve with TLMN. The consultant may neither disclose nor publish any full or part of the study without prior written permission from TLMN.

# **Contacting TLMN**

Clarification on proposal will be provided up September 25th 2022 through email procurement@tlmnepal.org. No Bidder shall contact TLMN on any matter related to its proposal, thereafter. Any effort by a Bidder to influence proposal evaluation, comparison or contract award decisions may result in the rejection of the Bidder’s proposal.

# **Award criteria and award of contract**

TLMN reserves the right to accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without incurring any liability to the affected Bidder or any obligation to inform the affected Bidder or Bidders of the grounds for TLMN’s action.

# **TLMN’s right to vary requirements at time of award**

TLMN reserves the right at the time of award of contract to vary the quantity of services and goods specified in the ToR without any change in price or other terms and conditions.

# **Signing of the contract**

The successful Bidder will reply within the time specified otherwise it will be considered as non‐ interested. In such a case the next Bidder in the list will get the offer letter. Within 7 days of receipt of the contract the successful Bidder shall sign and date the contract and return it to HEAL Nepal Project/TLMN.

**Disclaimer**

HEAL Nepal project/TLMN reserves the right:

To alter the schedule of the tender and contract awarding;

To cancel this tender process at any time and not to award any contract without assigning any reasons;

Not to award any contract as a result of this invitation to tender; not to accept the lowest or any tender.

TLMN Nepal shall not be liable for any costs incurred by the contractor in the preparation of the proposal or any associated work effort, including the production of presentation materials.

In case of joint proposal by two or more organizations, they should declare the name of lead agency who would deal with TLMN on all matters including payment.

## **Annex**

## **Proposal Guidelines for Applicants**

1. **General Instructions:**
* All proposals should be a maximum of 10 pages (Excluding Title page and Annexes)
* All budget figures must be presented in local currency (Nepali Rupees).
1. **Required Proposal Format**

I. Title page (with name(s) of lead investigator(s), organization’s name (if applicable), and contact details)

II. Abstract (maximum 1 page)

III. Applicant Qualifications and Experience to Undertake the Contract

IV. Technical Approach (incorporating both representative study and health facility assessment, including research tools)

1. Study methodology
2. Study indicators, sampling technique, sample size
3. Data sources, research tools and data collection methods
4. Description of the analysis
	1. Technical collaborators (if any collaborators will be involved, indicate at what stage and in what capacity they will contribute to the process)
	2. Data quality assurance
	3. Foreseeable study limitations/ caveats
	4. Ethical considerations
	5. Operational approach
	6. Work Plan (with milestones and timeframes)
	7. Budget – use the following budget headings
5. Personnel Cost
6. Operational Cost
7. Communication
8. Printing
9. Other
10. Indirect costs (if applicable)
* Present unit costs, number of units, and total costs for each budget line item
* Clearly state all budget assumptions
	1. Annexes
1. Curriculum vitae of team leader including co-team leader and statistician.
2. Names and contact information of three professional references for the consultants/agency
3. Legal documents