REQUEST FOR PROPOSAL

for MEHR project Endline Evaluation

Organization Information: HDCS (www.hdcsnepal.org) is a non-governmental organization in Nepal that is working in the sectors of health, education and community development. HDCS is currently managing three hospitals in Lamjung, West Rukum and Chitwan. In the localities around the hospitals, HDCS is implementing various community development projects in diverse theme areas such as Mother Child Health, community-based rehabilitation of persons with disabilities, medical emergency response, agriculture and WASH. HDCS´s EQUIP team is providing state-curriculum-based teacher training in local schools.

A) Project Information

Project Title	MEHR – Medical Emergency and Health Response
Project timeline	12/2022 – 11/2025 (3 years)
Project region	Rukum-West, Jajarkot, Salyan
Implementing organization	HDCS (Human Development and Community Service) Nepal
Partner organization	HUMEDICA e.V. (Germany)
Donor	BMZ (German Federal Ministry for Economic Cooperation and Development)

B) Service information

Requested services	Project Endline Evaluation
Eligible service vendor	Qualified individual consultant, team or company
Evaluation timeline	September 15th – November 30th 2025
Form of tender	Open bidding
Proposal deadline	Sunday, Sept 7th 2025, 12pm (late submissions will be rejected)
Send applications to	Theresa Weippert (HDCS MEAL Coordinator) theresa.weippert@hdcsnepal.org
Request for Additional Information	Any question, communication or requests for additional information concerning this Request for proposal are only permitted in written form (see email address above) up to 4 working days before the deadline for the submission of the proposal.

C) Proposal Structure

The proposal in English language shall have the following structure and content and shall be presented in the same sequence as following:

Part 1: Qualification Documents	• Presentations of the Consultants (CV) including contact details (max. 4 pages) • List of project references carried out in the last five years (these references must be strictly related to evaluation and/or DRR projects) (max. 6 references) *Please note that generic CVs and references which are exceeding the maximum pages mentioned above lead to disqualification in the tender process!*
Part 2: Technical Proposal	The technical proposal must include the following: • Critical analysis and reflections on the objectives and terms of reference (see Annex 1). • Proposed concept and methodology of the evaluation • Detailed activity plan including a timeline with milestones for key achievements and reporting. • Description of overall management and administration of these activities *Applicants shall refrain from long explanations in the style of a textbook and not use generic texts but present it tailored to the request.*
Part 3: Financial Proposal	The Financial Proposal shall be based on the quantities of enumerators, supportive staff and other services. All rates must be specified in NPR currency. All cost must **include all applicable taxes**. The Financial Proposal should contain: • Consultants fee (daily rate and total) • Enumerator cost (daily rate and total) • Travel and accommodation cost (Chaurjahari) • Cost for field stay incl. transport, food, stationary • Software for data collection or analysis • Any further cost or fees The overall budget should be within the range of NPR 8.00.000

D) Selection Process

The first set of selection criteria determines whether die Applicant is qualified to be considered for this service.

SCORE 1 **Pre-Qualification Criteria** (weighted 40%)	**Maximum Score**
1. Evidence of relevant experience during the past five years	90
2. Completeness of documents and overall presentation	10
TOTAL	100

Based on this first selection round, qualified applicants will be listed for further assessment of the technical and financial proposal.

SCORE 2 **Technical Assessment Criteria** (weighted 40%)	**Maximum Score**
Critical analysis of and reflections on the objectives and terms of reference for the mandate	60
Completeness, technical soundness and efficiency of overall concept and methodology	20
Project management: Implementation schedules, work plans, co- ordination	20
TOTAL	100

SCORE 3 **Financial Assessment Criteria** (weighted 20%)	
Score3 calculation is: Co/C whereby C = Applicant's price of the Financial Proposal, Co = lowest valid Financial Proposal.	

The overall Score is calculated as weighted sum:
TOTAL SCORE = 40% x SCORE1 + 40% x SCORE2 + 20% x SCORE3

The Applicant, who submitted the proposal with the highest total score, will be invited for contract negotiations. The negotiations will cover the Technical Proposal and acceptable alternatives of implementation or staffing and payment pattern. If the negotiations with the Applicant having the highest score will not be successful, negotiations with the Applicant placed next will be undertaken.

E) Legal Note

1. HDCS is <u>not bound</u> to select any consultant.
2. The preparation and the submission of the proposal is the responsibility of the applicant and no relief or consideration can be given for errors and omissions.
3. After receipt of proposals until selection, <u>no communication</u> of any type shall be taking place unless called for by HDCS.

Annexes:
Annex 1: Terms of Reference
Annex 2: Project Logframe
Annex 3: Proposed Reporting Format

Annex 1 – Terms of Reference (ToR)

1. Purpose of the Evaluation

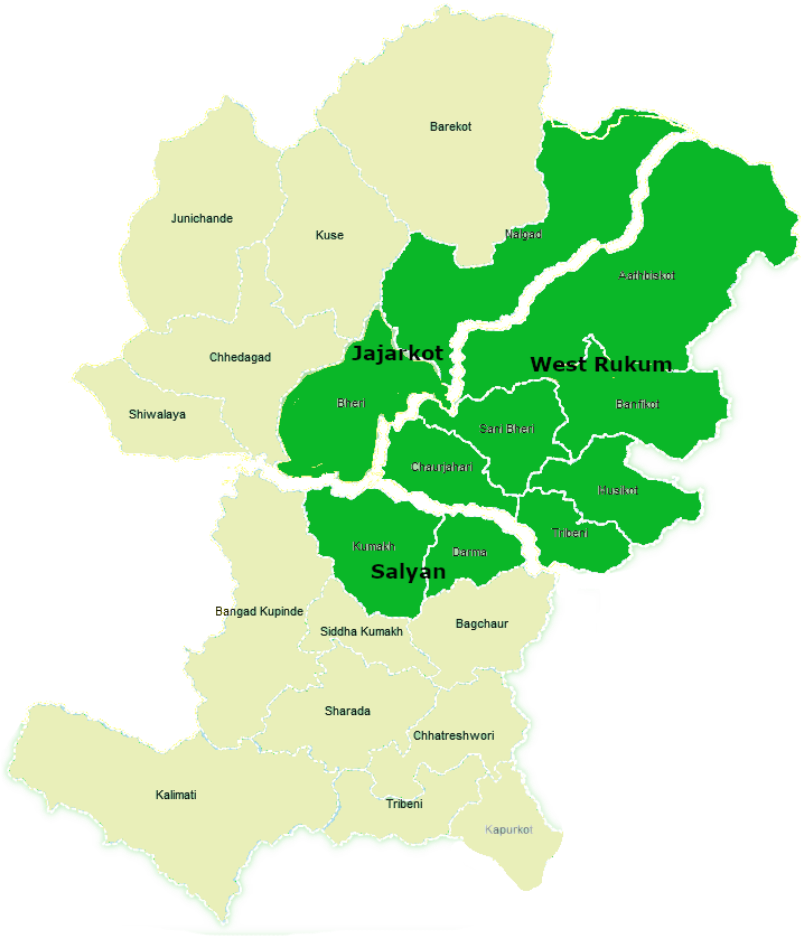
- **Accountability**: HDCS as implementing organization, HUMEDICA as German partner organization and BMZ (German Federal Ministry for Economic Cooperation and Development) as donor are accountable to three stakeholders. First, to their own organizations to assess if the MEHR (Medical Emergency and Health Response) project fits the overall organizational strategic framework in terms of effectiveness and intended impact. Second, to the German partner organization and German government donor to show the value and benefits of the project. And third, to the project beneficiaries to ensure the priorities and experiences of the people engaged are included, reflected and acted upon.
- **Learning:** The evaluation will help HDCS and HUMEDICA to assess the impact of the project and to learn about what does and does not work. The evaluation evidence and lessons will be used to inform decision making about the redesign and improvement for upcoming projects in the same thematic area.

2. User and audience

- **Implementing organization and partner:** The primary users of this evaluation will be **HDCS** (incl. project team members, hospital administration, CEO, MEAL team, Partnership & Communication team) and **HUMEDICA** to inform their future programming in the area of DRR.
- **Financial donor:** A copy of the evaluation report will be provided to **BMZ** (German Federal Ministry for Economic Cooperation and Development) as a matter of course. Information gathered in this report is the joint property of HUMEDIA, HDCS and BMZ.
- **Beneficiaries:** The evaluation will also be made available to **local project stakeholders** such as local government and group representatives.

3. Description of the Project

- **Project background:**
    - Name: MEHR- Medical Emergency and Health Response
    - Implementation period: December 2022 to November 2025
    - Project Area: 6 municipalities of Rukum-West, 2 municipalities of Jajarkot, 2 municipalities of Salyan (see graphic below)
    - Key institution: HDCS Hospital Chaurjahari is a hospital which is run by the organization HDCS. Staff capacity and hospital emergency equipment are key factors for the project.
    - Overall project budget: NPR 6.35.00.000



- **Outcome and Activities:**
  Overall goal: The population of 10 communities within the project area in West Rukum, Salyan and Jajarkot receive improved emergency health services through the strengthened capabilities of the CHR Hospital and key community stakeholders.

  This will be achieved through:
  - The installation of emergency medical equipment, the development of procedures and protocols and the training of staff on equipment use at the CHR Hospital
  - The establishment and training of a hospital-based emergency medical team (MET).
  - Updating the hospital emergency management system (Hospital Preparedness for Emergencies / HOPE) and training hospital staff in its procedures
  - The establishment of functional disaster preparedness procedures including the proper set-up and maintenance of a disaster stock.
  - The provision of general medical camps within the 10 target communities.
  - The provision of mobile camps or clinics in the case of real emergencies or disasters.
  - Provision of services of a B Category Ambulance in 8 of the 10 target communities.
  - Improved coordination with DDMCs and LDMCs, particularly in the case of medical health emergencies or disasters.
  - Increasing the knowledge and awareness of police officers, local health workers and local community groups in first aid through trainings.
  - Sensitizing the general population in the 10 target communities on the topic of health and first aid through informational and educational campaigns and materials.

A detailed logframe with all activities and indicators can be found in Annex 2.

- **Outcome 1**: A functioning emergency medical team (MET) is in place at the CHR hospital and provides needs-based services to the population of the 10 target communities.
- **Outcome 2:** The population in the 10 target communities has improved access to medical services at the CHR hospital.
- **Outcome 3:** The capabilities of local government authorities (disaster management committees), members of the police and health posts, as well as the general public, to respond to medical emergencies are strengthened

4. Endline evaluation scope and objectives

The Baseline Study and other relevant data as a starting point, the evaluation will conduct qualitative and quantitative research to determine the extent to which the project has achieved its objectives as expressed in the project Logframe (see Annex 2) as well as the Theory of Change. The evaluation report should clearly state the performance of the project against the indicators of success.

The endline evaluation should encompass key stakeholders:

- Hospital staff
- District Disaster Management Committee (DDMC) and Local Disaster Management Committee (LDMC), local government bodies
- Community beneficiaries of ambulance and emergency department services
- Community beneficiaries of health camps
- Training participants: police officers, health post staff, social mobilizers, community members, ambulance drivers

5. Evaluation Methods

- **Standards:** the evaluation has to comply with the Monitoring & Evaluation Standards of the OECD/DAC Network on Development Evaluation, namely relevance, coherence, effectiveness, efficiency, impact and sustainability. See the standards here.
  The data shall be collected and analyzed disaggregated (gender, disability-specific, age) wherever possible.
- **Method:** The method and process shall be proposed by the evaluator and elaborated in the proposal document. Gender and disability should be integrated at all stages of the evaluation process, including the evaluation design, the questions chosen and methods used.
- **Sampling:** representative sampling shall be performed. Whilst random sampling should be used where possible, purposive sampling may be required to ensure adequate cross-representation of participants
- **Digitalization:** We kindly request paperless data collection with apps such as Kobotoolbox, ODK, CSPro, ONA, EpiInfo or any other software. HDCS can support in the provision of devices (4 smartphone, 1 tablet) for app-based data collection to enumerators.

6. Key evaluation Questions

- **Relevance**
  - **Project design:**
    How well did the project design address needs and priorities of the community
  - **Target group**
    Have the key stakeholders been able to participate and benefit fully?
    Have the most disadvantaged and marginalized community members been able to participate and benefit fully?
  - **Cooperation and Do-no-harm**
    To what extend does the project build on and make use of the existing capacities (structures, skills, finance, etc) of local institutions and stakeholders?

- **Effectiveness**
  - **Goal achievement:**
    To what extent have the project outcome been achieved? Please note that the outcome indicators from the logframe matrix (Annex 2) need to be covered in the endline evaluation report.
    - To what extend has the intervention equipped the hospital to provide needs-based services to the target communities and establish a emergency medical team (Outcome1)?
    - To what extent have the target communities improved access to medical services at the CHR hospital (Outcome 2)?
    - To what extent are the capabilities of local government authorities (disaster management committees), members of the police and health posts, as well as the general public, to respond to medical emergencies strengthened (Outcome 3)?
  - **Observable effects:**
    a) What significant changes (positive, negative and unintended) have occurred in the lives of the direct beneficiaries?
    b) How has the project influenced the relationship with HDCS as long-standing service deliverer in the region?
    c) How has the project influenced the community´s mindset (including key decision makers)? Especially: What significant changes can be observed within the mindset and behavior of key stakeholders and institutional target groups towards the needs of the community?
  - **Program implementation:**
    a) To what extent was the project able to implement the project measures (output level) in quantity and quality as planned? Were there any deviations?
    b) What were key challenges during implementation and how were these overcome?
    c) What are the strengths and weaknesses of project methodology and implementation?
    d) How were relevant technical standards and good-practices applied to plan and implement the activities?
    e) What were main obstacles for key stakeholders during their learning and participation?
  - **Organizational management and capacity**
    a) How well were activities, outputs and outcomes of the project monitored in order to adapt activities and address poor performance?
    b) To what extend does the implementing organization demonstrated the range and level of skills required to successfully implement all aspects of the project?

- **Efficiency**
  - **Utilization of resources:**
    a) Has the project been able to implement the project measures with the planned amount of outlay on costs, materials, organizations?
    b) Were there difficulties or deviations, and if so, what caused them? How were deviations managed?
    c) How well have resources (funds, expertise, time, material resources) been used throughout the project as compared to feasible alternatives in the context?

- **Sustainability**
  - **Exit strategy and future perspective**
    a) How well is the transition/exit strategy incorporated in order to ensure longer-term positive effects and reduce the risk of dependency? (Example: management of hospital infrastructure, own planning by committees, etc)
    b) To what extend can project benefits be sustained into the future, and what are key factors influencing this?
    c) Are the various target groups and/or stakeholders capable of independently maintaining and carrying forward the positive changes?
  - **Sustainability perspectives**
    a) Seen from structural/economic perspective, social perspective, and environmental perspective, what effects did the project have?

7. Schedule and deliverables

schedule	deliverable	time
Contracting		Sept 15
Onboarding, desk study, data collection tools design, field trip plan	Inception report submission to HDCS and HUMEDICA	Sept 22
data collection tools feedback, digitization of questionnaire, testing tool	Finalized tool submission to HDCS	Sept 30 *(note: HDCS Dashain holiday Oct 1-3)*
Field trip: Enumerator training and data collection	Enumerator training agenda submission to HDCS	Oct 5- 18
Data analysis, report writing	Report draft submission to HDCS and HUMEDICA, also: submission of raw data and analysis syntax	Oct 19 - Nov 9 *(note: HDCS Tihar holiday Oct 22-24)*
HDCS and HUMEDICA submitting report feedback		Nov 14
Report feedback and revision	Final report submission to HDCS and HUMEDICA	Nov 21
Presentation and learning workshop	online presentation and facilitation of learning workshop with HDCS and HUMEDICA	by Nov 28

Deliverables

- Inception report: shall clearly outline the intended schedule and methodologies to be applied.
- Questionnaires: have to be handed in for feedback from HDCS MEAL department prior to the field phase.
- Report: shall present the results of the assessment as defined in this ToR. The proposed structure of the report is outlined in Annex 3. The report should be in the range of 23-38 pages (excluding Annexes such as questionnaires and detailed tables). It should include an executive summary of 2-4 pages demonstrating the key findings, conclusions and recommendations.
- Online presentation and learning workshop: shall present key results shall to HDCS and HUMEDICA and facilitate a learning discussion
- Data (raw data) as well as analysis syntax needs to be submitted (in whatever format was is produced, for example excel sheet, SPSS dataset or other)

8. Responsibilities

Consultant

- Designing and conducting data collection, analysis and report writing
- Selecting evaluation team (he/she should pay careful attention to factors such as gender, language, ethnicity, disability etc. so as to minimize potential barriers between the researchers and the community as well as other stakeholders)
- Note: consultant and all enumerators and assistants engaged for the purpose of the evaluation must agree to comply with the HDCS Child Protection Policies by signing the Child Protection Code of Conduct. This also includes the provision of a Police Clearance and/or Statutory Declaration by all agents attesting to the absence of any and all proven or pending cases in relation to offences against children.

HDCS Project manager: Tanka Subedi

- Consultant tender, selection (jointly with HUMEDICA) of consultant and engagement process within context of HDCS's child protection policy.
- Management of the Consultant contract, field logistics including transport and invoicing
- Providing expert consultation to the Consultant concerning the project.
- Assist Consultant to develop research schedule, identify stakeholders and set up appointments
- Handling payment matters according to contract

HDCS MEAL coordinator: Theresa Weippert

- Review of the inception report and monitoring quality of research methodology
- Review of data collection tools (questionnaires content and technical implementation)
- Monitoring of progress, milestones and deliverables
- Review of draft and final report

HUMEDICA Program Manager: Paula Weik

- Jointly selecting consultant in conjunction with HDCS and providing guidance on donor expectations as required.
- Reviewing of the inception report and liaising with HDCS to monitor quality research methodology.
- Providing review and feedback on draft Evaluation Report

Annex 2: Project Logframe

MEHR Project Logframe

Level	Description	Indicator
Overall Objective (Impact)	Emergency health services in 10 communities in Karnali Province are improved	
Project Objective (Outcome)	People from 10 communities in West Rukum, Salyan and Jajarkot receive improved emergency services through strengthened capacity of CHR hospital and key community stakeholders.	The proportion of emergencies in the target communities that are treated doubles quantitatively and qualitatively through the emergency services provided.
		At least 750 patient transports will have been carried out by the CHR Hospital Ambulance by the end of the project for different service lev-els. (Level 1: Ambulance; Level 2: Emer-gency transport; Level 3: Emergency transport with medical personnel)
		10 LDMCs integrate the emergency services of the CHR hospital into their disaster strategies through agreements and coordinate with the CHR hospital in the event of medical emergencies and disasters.
		80% of training participants rated either good or very good on a 5-point scale in a follow-up survey regarding their level of confidence, including the actual provision of assistance (for those called to an emergency situation).
Output 1	A functioning Emergency Medical Team (MET) at CHR Hospital provides needs-based services in the 10 target communities.	100% of the required equipment and inventory is set up according to the needs analyses carried out and 100 % of functioning/maintained equipment and inventory is con-stantly available
		The hospital has developed and adopted procedures for (a) emer-gency equipment management, (b) disaster preparedness supplies management, (c) MET preparedness and (d) hospital disaster manage-ment . 100% of relevant hospital staff are trained and have increased knowledge on the following topics: - Management of emergency equipment and knowledge of pro-cedures - Management of disaster prepar-edness supplies and knowledge of related procedures - MET process - Procedures for disaster manage-ment in hospitals
Measure Package (Activities)	Medical Emergency equipment installed and staff trained on use and maintenance	
A.1	Conduct a needs assessment for the procurement and purchase of emergency medical equipment.	
A.2	Develop procedures and protocols for the use of medical equipment in emergency situations and during regular routine operations.	
A.3	Train staff on medical equipment use and procedures	
A.4	Train staff on equipment maintenance	
Measure Package	a hospital-based emergency medical team (MET) composed of new and existing staff is established and trained	
A.5	Establish a MET and introduce new and existing staff who are part of the MET to MET procedures and systems	
A.6	conduct monthly MET Team Meetings	

A.7	Conduct quarterly MET exercises (small scale drill)	
A.8	Conduct training for 2 CHR ambulance drivers	
A.9	Conduct MET training (including an initial exercise for the mobile hospital).	
Measure Package	Hospital emergency management system updated (Hospital Preparedness for Emergency [HOPE])	
A.10	Hospital disaster management procedures updated (including Hospital Incident Command System [HICS])	
A.11	Provide training to staff on procedures and responsibilities	
A.12	Conduct training on emergency department (external trainer)	
A.13	Regular updates and inclusion of new staff in MET and HOPE (including drills and exercises)	
Measure Package	Functional disaster preparedness (stock) and procedures are set up	
A.14	Conduct disaster material and medical supplies needs assessment, procurement, purchase and set up of supplies	
A.15	Design disaster stockpile procedures (including maintenance).	
A.16	Train staff on disaster material maintenance and medical material maintenance, management and procedures	
Output 2	The population in the 10 target communities has improved access to medical services at the CHR hospital	In each of the 10 communities, one medical camp will take place until the end of the project.
		4 exercises for setting up and run-ning a mobile emergency clinic are carried out. At least 2 mobile emergency clinics are carried out in real emergency situations.
		A Class B ambulance is operational and fully available and well coordi-nated via the DAC in 8 out of 10 municipalities.
Measure Package	general and emergency health services (training/exercise or real response/health camps) for the community	
B.1	Training/exercises for emergency scenarios for CHR staff	
B.2	Emergency response (real emergency) OR	
B.3	Provision of general medical camps	
Measure Package	contribution of ambulance service to community health system	
B.4	Obtain District Ambulance Committee approval (for tax exemption on purchase of ambulance). [Type B according to national policy]	
B.5	Initial meetings with stakeholders with 3 DACs (incl. review of pricing structure, tax exemptions for poor people, registration with emergency call centre)	
B.6	Ongoing coordination and networking meetings with relevant agencies (for ambulance services).	

B.7	Provision of an ambulance (for regular charge or provide charity for poor patients)	
Output 3	The capabilities of local government authorities (disaster management committees), members of the police and health posts, as well as the general public, to respond to medical emergencies are strengthened	CHR Hospital participates in the regular meetings of the 10 LDMCs and presents CHR Hospital emer-gency services (MET and ambulance services) to the 10 LDMCs.
		100 police officers and 100 health post staff and 100 community members in the project area are trained on emergency management topics (such as first aid, light search and rescue, basic triage, etc.)
		By the end of the project, the popu-lation in the 10 target communities will have been sensitized to health and first aid behavior (radio broad-casts, distribution of information, educational and communication materials).
Measure Package	Relevant knowledge and structures contributing to local government emergency response bodies and systems	
C.1	Conduct inception meeting with all relevant stakeholders	
C.2	Attend (or initiate) 3 DDMC meetings regularly (district level)	
C.3	Attend (or initiate) 10 LDMC meetings regularly (municipality level)	
C.4	Conduct learn & share meeting for handover and exit	
Measure Package	Relevant knowledge contributed to key community actors (e.g. first aid/ light search and rescue/ basic triage)	
C.5	Conduct training with police officers	
C.6	Conduct training with health staff (incl Health Post, Municipality health officers, FCHVs)	
C.7	Conduct training with local ambulance drivers incl drill	
C.8	Cooperate in conducting regular first aid training for local community groups (at CHR)	
Measure Package	Relevant knowledge promoted to community	
C.9	Radio broadcasts	
C.10	produce prodmotion video	
C.11	Prepare and distribute IEC materials	

Annex 3 – Proposed Report Structures

A.) Inception Report

The inception report should refrain from using long elaborated text blocks. The presentation is rather preferred in bullet points and tables.

component	detail
Evaluation questions and indicators	• Structured matrix overview of main questions, indicators and data source (under the criteria relevance, efficiency, effectiveness, sustainability)
Methodology	• Sampling method • Data collection methods • Data analysis methods • Main constraints/ limitations
Work plan schedule	• Tentative timeline of the whole evaluation (until final presentation) • Responsibilities of each task
Questionnaires	• For surveys, interviews, FGD, etc

B.) Standard Format for Evaluation Reports

component	detail	pages
Cover page		1
Executive summary	• Project goals and outcomes • Summary of key findings • Key recommendations	2-4
Table of content		1
Abbreviations		1
Background information	• context and brief description of the project • Brief overview of relevant baseline data • ToC, project objective, expected outcomes and outputs • implementation, activities	2-3
Purpose of the evaluation, scope and methods used	• evaluation objectives and audience • Key questions • Evaluation methods (and why they were chosen) • Sampling • Main constraints/ limitations • Methods of data collection (interviews, surveys etc) • Data collection phase (incl limitations) • Data analysis methods (incl. limitations)	3-5
Findings and discussion	• Findings (relate to baseline data) • Relevant maps, tables, diagrams • If relevant quotations from persons • Detailed tables should be placed in the annex	8-15
Conclusion, recommendations and lessons learnt	• answers to the main evaluation questions • Suggestions for improvement, assigned to different users of the evaluation and prioritized	5-7
Annexes	• TOR • List of stakeholders consulted/ information sources (including any data issues) • Evaluation schedule (incl. training, testing, etc) • Questionnaires	flexible
	TOTAL PAGES	23-38