

# Terms of Reference for EXTERNAL EVALUATION OF

UMN's COVID Response through Hospitals and Clusters

## 1. Introduction

United Mission to Nepal (UMN) is an international development organisation that has been serving in Nepal since 1954. UMN serves the people of Nepal through its hospitals in Tansen and Okhaldhunga, and its development programmes in its six target geographic locations (Clusters) in partnership with Nepali NGOs.

COVID-19 pandemic significantly affected Nepal both in terms of health impacts related to infection and other socio-economic impacts. UMN responded to this situation by making relevant adaptations in both its community development work and hospital services. Moreover, UMN also established preventive measures within the organisation to ensure safety of its staff.

UMN's COVID-19 response has included medical services through the hospitals (including separate spaces for treatment of COVID and non-COVID patients) and support to affected communities (individuals, households, institutions and local government) with preventive measures, awareness raising, medical supplies and equipment, relief packages and income generation. At the same time, UMN activated the Incident Management Team (IMT) and developed relevant policies and guidelines to ensure awareness and safety of all concerned.

One of the major donors to UMN's COVID-19 response is Norad, Norwegian Agency for Development cooperation. Norad has through Digni provided funding for UMN to carry out an overall assessment of UMN's COVID response, including but not limited to the specifically Norwegian-funded components.

## 2. Purpose and objectives of the Evaluation

The main purpose of the evaluation is to evaluate UMN's COVID response interventions carried out through its Hospitals and Clusters. In particular, the evaluation will assess:

### Hospitals

- Treatment of COVID patients in each hospital – health outcomes, number of beds we were able to provide, numbers of people we had to turn away and/or who died in fever clinic because of delayed access to treatment
- Ongoing treatment of non-COVID patients in “hybrid hospital” model – health outcomes, prevention of COVID transmission to non-COVID patients
- Impact of Covid-19 pandemic on hospitals' revenue, and effectiveness of UMN's mitigation of the effects of decreased revenue
- Hospital staff care – effective balance between provision of care to patients during a pandemic and protection/duty of care toward all hospital staff
- Provision of COVID support to district authorities – training, public health awareness
- Overall effectiveness of hospitals' coordination with government – positive outcomes, negative outcomes, missed opportunities

### Clusters and Kathmandu Office

- Provision of COVID support to district authorities – equipment, training, public health awareness
- Provision of support to vulnerable community members – relief, awareness, prevention
- Effectiveness of UMN Incident Management Team policies in protecting UMN/partner staff and communities while still allowing humanitarian work to take place
- Overall effectiveness of UMN's coordination with government (by clusters and UMN Kathmandu office) – positive outcomes, negative outcomes, missed opportunities

### **3. Specific time period to be covered**

From January 1, 2020 (i.e., the period in which UMN could have begun preparing for the pandemic) to July 31, 2021.

### **4. Specific Clusters and Hospitals to be included in the evaluation scope**

#### **Hospitals**

- COVID response in Okhaldhunga Community Hospital (OCH)
- COVID response in United Mission Hospital Tansen (UMHT)
- Hospital policies during the COVID pandemic

#### **Clusters & Kathmandu Office**

- COVID response in Kapilvastu Cluster
- COVID response in Rukum East Cluster
- COVID response in Doti Cluster
- UMN's central office policies during the COVID pandemic

### **5. Evaluation Activities and Methods**

The evaluation is expected to include the following elements.

1. Desk study of programme documents and setting up interviews. This may include study of proposals and reports from Digni-funded Hospitals response, proposals and reports from the UMN Clusters and COVID health and safety policy and IMT minutes from Thapathali office.
2. Interviews and discussion meetings with beneficiaries, key stakeholders and key staff in Hospitals and sampled Cluster locations.
3. Field visit to see the response work. It should include visit to both the Hospitals to observe treatment of COVID and non-COVID patients, provision of medical supplies and equipment, prevention of COVID transmission. It should also include visit to selected Cluster locations to assess the effectiveness of the support provided to the vulnerable communities in terms of relief, awareness and prevention.

The evaluation should use the OECD-DAC criteria (relevance, coherence, effectiveness, efficiency, impact, and sustainability) for all of the work. For the community humanitarian response work in hill and Terai Clusters, it should also use the nine Core Humanitarian Standards (CHS) criteria.

Evaluator may use a mix of methods according to a discussion with UMN which may include structured interviews, in-depth interviews and secondary data. The evaluator is free to choose suitable respondents in the interviews, but if desired UMN can give recommendations.

### **6. Timings**

The evaluation is expected to be carried between October and December 2021. The final report should be submitted no later than 25 December 2021. The draft report should be submitted on or before 15<sup>th</sup> of December 2021.

### **7. Evaluation Outputs**

Specific outputs and deliverables to be provided include

1. An inception report describing the evaluation work plan, methods, timeline and so on.
2. A draft report of the evaluation, with separate sections for Hospitals and Clusters/Kathmandu, on which UMN can give feedback on before the final report.
3. A final evaluation report containing findings, discussion and recommendation consisting of no more than 30 pages, excluding appendices.
4. Presentation of the key findings (could be face to face or through digital medium depending on the COVID situation).

## 8. Evaluation Report

The evaluation report should be written in English. The report should be written in an agreed template which may include a table of contents, introduction, main findings (using the evaluation criteria), lessons learned and challenges, recommendations, and conclusion. The report shall present in separate sections the findings for the Hospitals and the findings for Clusters and Kathmandu office. The presentation of the main findings shall be organized in different paragraphs following logic and with illustrations/tables that ease the reading and understanding of the report.

A statement made without the background of reasoning and supporting analysis cannot be accepted. In such a case, the report will have to be revised without any additional cost. Reference shall be cited for any vital fact and figure.

The final report should be edited incorporating all comments and corrections if any. Data in excel sheets, checklists, questionnaires, case stories, photos must also be submitted to UMN.

## 9. Qualifications of the evaluator or the evaluation team

The ideal candidate for the assignment must have the following qualifications and experience.

- The lead evaluator must be a Nepali citizen.
- The evaluation team must include an evaluation expert with a proven experience in conducting evaluations of humanitarian programmes including health related epidemic or pandemic response programmes.
- The evaluation team should have at least one member with sound knowledge and skills in qualitative and quantitative research.
- The evaluation team **must** include a hospital operations expert, who has either medical or hospital management expertise.
- The evaluation team should have at least one member with sound knowledge and experience on Gender Equality and Social Inclusion (GESI).

## 10. Budget

The bidder must be a VAT registered firm. The bidder should develop a budget for the assignment and submit it together with the evaluation proposal. The budget should include labour fees and any other costs such as communications or stationery. Costs including the travel, accommodation and food will be paid directly by UMN on the actual basis.

## 11. Application Procedure

Interested bidders must submit the following documents to be considered for an interview.

- A letter of interest stating eligibility for the assignment.
- A resume highlighting relevant qualifications, work experience, certifications, and knowledge on research and evaluation of humanitarian response.
- A summary (including outcomes) of similar assignments undertaken previously.
- Narrative of technical proposal, which includes a brief statement on methodology, work plan, and schedule.
- Budget proposal including all applicable government taxes.
- Government registration (if applicable)
- VAT renewal registration and certificates (*note: PAN is not applicable*)
- Three references