

## TERMS OF REFERENCE (ToR)

### FOR A BASELINE EVALUATION OF STRENGTHENING CLIMATE RESILIENCE OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC (PDR) HEALTH SYSTEM PROJECT FUNDED BY GREEN CLIMATE FUND (GCF)

**Estimated duration of assignment: 2 months**

#### **1.0 Introduction**

Save the Children (SC) is a global leader in humanitarian and development programming worldwide, working as the preeminent voice for children for 100 years. We are the world's largest independent child rights organisation, underpinned by a vision in a world in which every child attains the right to survival, protection, development, and participation. Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. SCI Laos has worked in tandem with the Government of Lao (GoL) since 1987, driving changes in policy and practice to support the implementation of high-impact, lifesaving interventions at scale.

SCI Laos' long presence in Lao PDR, coupled with broad and deep operating platforms, has forged strong relationships with GoL actors and the communities we serve. SCI Laos has a current operational presence in seven provinces with Health, Education, Climate Resilient/DRR and Child Protection programs. SCI Laos works with existing structures while strengthening multi-sectoral teams of national implementers, the MoH, and other line ministry frontline worker capacities to facilitate, monitor, and expand national and community engagement processes and systems for improved health. In addition to national-level engagement, SCI Laos is active in seven provinces working in partnership with the Ministries of Health, Education, Labor and Social Welfare, and Natural Resources and Environment.

#### **2.0 Project Background**

Save the Children International in Lao PDR received funding from the Green Climate Fund in August 2024. This project will support the GoL to advance progress on its national climate change and health priorities and commitments by increasing the climate resilience of the health system and strengthening community capacity to manage the current and anticipated health impacts of climate change. To achieve this, the project will work at national and subnational levels using multiple, interrelated approaches. It will strengthen leadership and governance within the health system so it is climate resilient; expand access to and use of climate information and key WASH indicators so the health system can track, prepare for, and manage climate-related risks to health; and strengthen health system capacity in 25 climate-vulnerable rural districts to better manage climate-related disease burdens, including by engaging 100 health facilities in those districts to better prepare for the health impacts of climate change and upgrading the infrastructure in 79 of those facilities to increase climate resilience. Finally, through risk communication and community engagement approaches, the project will enable 250 communities to better respond to early warnings, manage and mitigate climate-related risks to health, and seek care appropriately.

Through these activities, the project is also expected to achieve mitigation, health, and gender co-benefits, as health facility infrastructure upgrades will reduce greenhouse gas (GHG) emissions from the target facilities (mitigation); health worker capacity strengthening activities and health facility infrastructure upgrades are expected to improve the quality of care health facilities and health workers provide (health) and climate-related health policies, strategies, and coordination mechanisms will become more inclusive (gender).

The project will work towards the following outcomes:

**Outcome 1: The health system's governance and leadership is climate-resilient**

Outcome 2: Health information systems are improved to include climate and weather data and used to track, prepare for, and reduce climate-related risks to health

Outcome 3: Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health

Outcome 4: Communities respond to early warnings, manage and mitigate risk, and seek care appropriately

### **3.0 Purpose of the Baseline Study**

The overall objective of this baseline study is to set baseline values and context for the Lao GCF project. Midline and Endline evaluations will be conducted to compare progress against and demonstrate project achievements. The specific objectives of this baseline study are:

- To assess the current governance and leadership capacities of the Lao PDR health system in relation to climate resilience, with a focus on the integration of climate risks into health strategies, policies, and decision-making processes at both national and local levels.
- To understand opportunities and challenges for integrating climate and weather data in the RHMIS and explore strategies for effective collaboration between MoH and MoNRE to enhance the utilization of climate related information in health planning and decision making.
- To assess rural health facilities readiness for being climate resilient and energy efficient and capacity of health service providers to address health effects of climate change.
- To explore community awareness, preparedness, and responsiveness to early warning systems and climate-related health risks, including their understanding of how to manage these risks and seek appropriate care when needed.
- To gather baseline data on key outcome indicators and establish a reference point for all the GCF outcomes indicators and corresponding component (Component 1-Component 4) indicators as indicated in the final project proposal/Log-frame.

Please see the graphic below for a listing of the project indicators by outcomes.

<b>2.1 GCF Outcome: Reduced emissions and increased resilience</b>	<ul style="list-style-type: none"> <li>•Direct and indirect beneficiaries reached</li> <li>•Beneficiaries covered by new or improved early warning systems</li> <li>•Beneficiaries adopting innovations that strengthen climate change resilience</li> <li>•Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions</li> <li>•Change in expected losses of economic assets due to the impact of extreme climate-related disasters in the geographic area</li> </ul>
<b>2.2. GCF Outcome: Enabling environment</b>	<ul style="list-style-type: none"> <li>•Degree to which GCF investments contribute to:             <ul style="list-style-type: none"> <li>•strengthening institutional and regulatory frameworks for low emission climate-resilient development pathways in a country-driven manner</li> <li>•technology deployment, dissemination, development or transfer and innovation</li> <li>•effective knowledge generation and learning processes, and use of good practices, methodologies and standards</li> </ul> </li> </ul>
<b>Component 1: The health system's governance and leadership is climate-resilient</b>	<ul style="list-style-type: none"> <li>•% of project supported provinces that demonstrate measurable progress operationalizing the H-NAP</li> <li>•# National and provincial health officials trained as master trainers on health policy and operationalization</li> <li>•# project supported national policy/strategy documents presented to Ministry of Health for approval</li> <li>•% officials participating in the national meetings to update key health policies who are female</li> </ul>
<b>Component 2: HIS are improved to include climate and weather data and used to track, prepare for, and reduce climate-related risks to health</b>	<ul style="list-style-type: none"> <li>•# health-related climate indicators of dengue and diarrhea and climate-resilient WASH indicators added to RHMIS</li> <li>•# health workers from project-supported health facilities trained to access and use EWS alerts</li> <li>•% of targeted facilities that have access to functioning EWS</li> <li>•# national and provincial Master trainers trained to deliver the climate-resilient WASH standards training to district and health facility staff</li> </ul>
<b>Component 3: Health service delivery in rural provinces is improved and able to manage climate-related disease burden and determinants of health</b>	<ul style="list-style-type: none"> <li>•% of supported health facilities that:             <ul style="list-style-type: none"> <li>• score at least a 30% improvement in health facility climate readiness</li> <li>• score 80% or higher against the health facility readiness scoring standards that assess health facility readiness to provide quality health services to all genders, ethnic minorities, youth and people with disabilities</li> <li>• have approved EWE and climate-related disease outbreak response protocols.</li> <li>• with an improved score on health facility GHG emissions assessment</li> <li>• upgraded to have climate-resilient infrastructure</li> <li>• meeting basic WHO standards for gender</li> <li>• upgraded to have climate-resilient and energy-efficient electrical services</li> <li>• upgraded to have climate-resilient WASH services</li> </ul> </li> <li>•# Provincial/District Health Officers trained to conduct supervision to increase use of climate and health data in RHMIS</li> <li>•# health workers trained to implement treatment and referral protocols for dengue and diarrheal diseases and on EWE response protocols</li> <li>•# master trainers from district health teams trained to deliver Safe Clean Green Hospitals Initiative trainings</li> <li>•# health workers in project-supported health facilities are trained on Safe Clean Green Hospitals</li> <li>•# of Health facility baseline GHG emissions assessments completed</li> <li>•# MoH/Nam Saat monitoring visits conducted</li> </ul>
<b>Component 4: Communities respond to early warnings, manage and mitigate risk, and seek care appropriately</b>	<ul style="list-style-type: none"> <li>•% of supported communities have demonstrated completed activities from their community resilience action plans</li> <li>•# of community leaders from project-supported communities trained to plan and implement community-led climate resilience activities</li> <li>•# of communities with approved health and climate resilience action plans</li> <li>•% of supported communities have demonstrated completed activities from their community health and climate resilience action plans</li> <li>•% of community health and climate resilience action planning participants who are women</li> <li>•% of community action planning participants who are youth</li> <li>•% of community action planning participants who have (or represent a dependent with) a disability</li> <li>•# of community members with increased understanding of climate change health risks and effective adaptation actions</li> <li>•# of men and women made aware of climate threats and related appropriate responses</li> </ul>
<b>Co-benefit indicators</b>	<ul style="list-style-type: none"> <li>•# of gender-disability-and socially-inclusive policies, institutions, coordination mechanisms and regulatory frameworks that improve incentives for climate resilience and their effective implementation</li> <li>•# of health facilities with improved quality of care</li> <li>•# of health facilities with lower estimated GHG emissions from using the nationally approved GHG emissions assessment of health facilities</li> </ul>

#### 4.0: Scope of Work

##### Study Population and Sampling:

The baseline study will geographically cover all the twenty-five program-supported districts located in Lao PDR. The study population will include national, provincial and district health office staff, healthcare providers, and community stakeholders.

##### Methodology.

The study will employ a mixed-methods approach, combining quantitative and qualitative research techniques. The methodology to be used shall be developed by the consultant and discussed with the Save the Children International technical teams and relevant project staff. However, it is expected the assessment would include but not be limited to health facility assessment, focus group discussions, capacity assessment, interviews and national policy and strategy review as shown in the table below.

Type	Coverage	Method
1: National policy/strategy review (Activity 1.1.2, 3.2.5)		Desk Review
2: National, Provincial and District Health Office Capacity and Resource assessment (Activity 1.1.1, 3.2.5)	100% (40 offices)	Mixed Methods

3: Assessment of DHIS2 and state of climate data integration and operability and access at national, provincial, district, HCF level (Activity 2.1.1, 2.2.1)	100% (40 offices)	Digital system review
4: Assessment of existing EWS (existence, coverage, quality) or EWS potential (Activity 4.1.2)	District level (25 districts)	EW and telecoms assessment
5: Health care facility staff capacity assessment (Activity 2.2.2) related to Climate Change and Health	100% (100 HCFs)	Mixed Methods
6: HCF infrastructure, electrical, and WASH assessment & supplies/equipment readiness assessment (Activity 3.1.1, 3.1.3, 3.2.1)	30% (25-30 HCFs)	HCF quantitative assessment
7: Representative sample of community health and disaster risks, needs, capacity, funding, etc. (Activity 4.1.1)	20% (50 villages)	Mixed Methods

### 5.0 Expected Deliverables

- i) A comprehensive detailed methodology for data collection and analysis techniques and methods, triangulation approaches.
- ii) An ethical approval from Ethical review committee and Institutional Review Board
- iii) Well-designed quantitative and qualitative questionnaires, FGD and interview guides according to project outcomes/results areas and outputs to be assessed
- iv) High quality inception report describing methods and techniques to use for this baseline study, profile of the key people who will be involved
- v) Data collection, data analysis and dissemination plan
- vi) Pre-testing of data collection tools
- vii) Lead internal and external validation meetings to disseminate as well as to enrich the key findings from the baseline study.
- viii) A draft report and power point presentation of preliminary findings from the baseline study in relation to the project result areas and indicators for review by SCI.
- ix) A power point presentation, a soft copy and 2 hard copies of a high-quality final baseline study report.
- x) Submission of the final report and a complete set of all clean raw data sets collected during baseline study as annex/attachment

*The final report should include but not limited to the following:*

- ✓ *Front cover, table of contents, acronyms*
- ✓ *Executive Summary (maximum 2 pages)*
- ✓ *Introduction-Basic project data, map(s), background, purpose and methodologies used*
- ✓ *Findings and Discussion of results.*
- ✓ *Conclusion and recommendations*

### 6.0 Terms and Conditions

All the reports, documents and datasets, prepared and generated during and after the assignment will be treated as the property of SCI and as such, cannot be sold, used or reproduced in any manner without prior written approval from SCI.

Prior to the initiation of the research, informed consent will be obtained from all participants. This includes a clear explanation of the study's purpose, the role and potential risks of participating in the baseline study, and the right of the participants to withdraw at any time without penalty.

All data collected during the study will be treated with the utmost confidentiality. Identifiable information will be anonymized or pseudonymized to protect the privacy of the participants. Data storage and transfer will comply with SCI data protection regulations to ensure the security of sensitive information.

SCI should be notified in time in an event the consultant requires additional time, above the previously agreed time to complete the task, but without SCI changing the scope of work, SCI prior written approval shall be necessary for the same.

## 7.0 Management and Supervision

Head of MEAL and the DCOP will supervise the consultant's work in the field with support from the SCUS MEAL Technical Advisor. The consultant will also be required to provide weekly update on the exercise progress to the Head of MEAL via email or virtual meetings as deemed appropriate.

## 8.0. Time Frame and Schedule for Deliverables

It is expected that the consultancy will last for 60 days upon signing of the contract with Save the Children as tentatively shown in the following table.

The consultant will be required to adequately follow the schedule as indicated.

Activity	Responsible person	Deadline
Deadline for application by Consultants	Save the Children	2 <sup>nd</sup> Dec, 2024
Review of technical proposal and shortlisting	Save the Children	5 <sup>th</sup> Dec, 2024
Interviewing and selection of the consultant	Save the Children	10 <sup>th</sup> Dec, 2024
Signing of the contract by the consultant	Save the Children	16 <sup>th</sup> Dec, 2024
Review of Technical Design docs, orientation to GoL requirements on data collection, and review of suggested tools/methods/submission of the inception report	Consultant	6 <sup>th</sup> Jan, 2024
Inception Meeting with SCIL, SCUS and Consultant	Save the children and Consultant	8 <sup>th</sup> Jan, 2024
Save the Children Ethical Research Committee approval	Save the Children	15 <sup>th</sup> Jan, 2024
Institutional Review Board approval (Lao Tropical Health Institute or University of Laos)	Consultant	15 <sup>th</sup> Jan, 2024
Identification/training of Research assistants and data collection	Consultant	30 <sup>th</sup> Jan, 2024
Data Analysis and 1 <sup>st</sup> draft report compilation and submission to Save the Children for review	Consultant	10 <sup>th</sup> Feb, 2024
Feedback on the first draft	Save the Children	14 <sup>th</sup> Feb, 2024

Validation of assessment findings with stakeholders	Consultant	18 <sup>th</sup> Feb, 2024
Submission of final baseline evaluation report to SCI	Consultant	20 <sup>th</sup> Feb, 2024

The precise timeline, data collection methods and tools will be agreed upon with Save the Children by the Evaluation Team upon completion of the selection process. SCI programme staff will ensure timely provision of the project documentation and will assist in scheduling the interviews with the stakeholders if required.

## 9.0. Payments for this assignment

Payments will be made on approval of agreed deliverables and verification of quality by Save the Children. It is expected that payment will be made in 3 tranches according to the outputs below;

Deliverable	Payment
Signing of contract	10%
Submission of inception report	30%
Final approved report with all required attachments	60%
<b>Total</b>	<b>100%</b>

## 10.0 Skills and competencies of the consultant or consulting team

- Advanced degree in public health, health services research or biostatistics and at least 8 years of relevant experience in undertaking health facility assessments, service availability and readiness assessments or service availability mapping.
  - Referenced experience of conducting similar assessments or work including program evaluations in the area of climate, WASH, and health for district level projects or programs in the last three years
  - Good report writing and communication skills in English and Lao
  - Timely delivery of expected outputs/deliverables, possession of good work ethics as well as punctuality and compliance with agreement in the contract.
- Knowledge and experience of using advanced statistical packages for analysis of data

## 11.0 Application procedure

Interested candidates/firms are expected to submit letter of interest and a proposal with details of relevant competence to undertake this task including: detailed CVs of the evaluation team lead and key members of the team; past experience in relation to this task; detailed response to ToR with specific focus addressing the purpose and objectives of the assignment, methodology to be used and key selection criteria, initial work plan and detailed budget breakdown based on expected daily rates and initial work plan

**Responses should be sent to Save the Children International Laos by 03<sup>rd</sup> Dec 2024.**

**Annex A: Project working areas**

Province	District	Health facility
Salavan	Toum Lan (10 villages)	1. District Hospital 2. Donkhayoung Health centre (HC) 3. Sano HC 4. Lameuk HC
	Salavan (10 villages)	1. Kengsim HC 2. Napho HC 3. Huaylard HC
	Ta-oy (10 villages)	1. Ta-oy District Hospital 2. Toumlithong HC 3. Tahuak HC 4. Soytam HC
	Samoy (8 villages)	1. Samuay District Hospital 2. Awow HC 3. Kinair HC 4. Asok HC
Khammouan	Mahaxay (8 villages)	1. Ban Vern HC 2. Ban Mun HC 3. Sangpok HC
	Xebangfai (8 villages)	1. Yangkham HC 2. Kasi HC 3. Banthab HC
	Nongbok (8 villages)	1. Sadee HC 2. Phonpheng HC 3. Navang HC
	Ngommalath (8 villages)	1. Nasok HC 2. Ban Hai HC 3. Namphid HC
	Xaybuathong (8 villages)	1. Nakapoc HC 2. Naphao HC 3. Dongnakham HC
Sekong	KaLeum (15 villages)	1. Kaleum District Hospital 2. Tavang HC 3. Kro HC
	DakCheung (12 villages)	1. Dakcheung District Hospital 2. Tangyerng HC 3. Ayoun HC
Luangphabang	Ngoy (10 villages)	1. Hadsa HC 2. Sobkhing HC 3. Muaxun HC
	Chomphet (10 villages)	1. Banna HC 2. Vangsa HC 3. Nangiwi HC
	Viengkham (10 villages)	1. Samsoum HC 2. Phadeng HC 3. Mokka HC
	Phonexay (10 villages)	1. Phonthong HC 2. Donkham HC 3. Chomchieng HC



Oudomxay	Pakbeng (10 villages)	1. Mokven HC 2. Longyong HC 3. Khokka, Tangon area HC
	Beng (10 villages)	1. Beng District Hospital 2. Bankhon HC 3. Napa HC
	Houn (10 villages)	1. Navang HC 2. Namtam HC 3. Phouviengxay HC
	Nga (10 villages)	1. Nga District Hospital 2. Naneaung HC 3. Naxan HC
Phongsaly	Yot-ou (10 villages)	1. Ou-Neua HC 2. Bantang HC 3. Seochay HC
	Mai (10 villages)	1. Phonexay HC 2. Mai District Hospital 3. Pakphae HC
	Khua (10 villages)	1. Buamphan HC 2. Khua District Hospital 3. Latxang HC
	Phongsaly (10 villages)	1. Hatsa HC 2. Ngyetai HC 3. Hat Hin
Luangnamtha	Long (13 villages)	1. Provincial Hospital 2. Bathad HC 3. Xiengkong HC
	Sing (12 villages)	1. District Hospital 2. Meutor HC 3. Xiengkhaeng HC
7 provinces	25 districts	79 health facilities

### How to Apply for the Service:

If you are interested in applying, please send the following documents along with your proposal to the email address below before **the deadline on 3<sup>rd</sup> December 2024**.

- Brief Technical and Financial Proposal
- Business registration certificate, VAT and IT/Tax certificates
- Bank account number (only the first page), matching the business registration certificate

Email: [procurement.laos@savethechildren.org](mailto:procurement.laos@savethechildren.org)

### Office Address and more Information please contact:

Save the Children International in Lao PDR.

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