



Terms of Reference for Endline Study Consultancy USAID Promoting Healthy Behaviors (PHB) Activity

I. Introduction:

Population Services International (PSI) is implementing a seven-year (May 2018 – June 2025) Social and Behavior Change project - Promoting Healthy Behaviors Activity (PHB), funded by USAID. PHB engages with both central and sub-national government counterparts to ensure successful implementation and long-term sustainability of the activities. PHB collaborates with the Ministry of Health (MoH), National Centre for Health Promotion (NCHP) and various national programs – CENAT, NMCHC, and CNM. The purpose of the PHB Activity is to improve health behaviors among Cambodians and support USAID Cambodia's goal to ensure that Cambodians seek and receive quality health care with decreased financial hardship through more sustainable systems. Working with and through these stakeholders and coordination mechanisms, PHB fosters vibrant and cohesive SBC practices to guide collaborative and evidence-based design, implementation and assessment to achieve the project's two primary objectives:

1. Strengthened public sector systems for oversight and coordination of SBC at the national and provincial levels; and
2. Improved ability of individuals to adopt healthy behaviors.

PHB's work focuses on the following health areas in Cambodia:

- Tuberculosis
- Family Planning
- Maternal and Child Health
- WASH
- Nutrition
- COVID 19
- Non-Communicable Disease
- Malaria
- Perception of Quality Healthcare

The Endline study will measure and evaluate the impact of interventions in improving the key behaviors within Family Planning, Maternal and Child Health and Tuberculosis.

PSI Cambodia is seeking proposals from qualified research firms/consultant teams with adequate expertise in designing and implementing large household surveys to conduct an endline study for the Promoting Healthy Behaviors Activity. Prior experience in undertaking behavioral surveys is an additional bonus.

II. Objective of Study:

The objectives of the study are:

1. To provide endline data on the key behaviors that were the focus of PHB's work in the areas of Family Planning, Maternal and Child Health, and Tuberculosis. This endline data needs to be comparable to data collected during the project's baseline and midline surveys.
2. To measure changes in key behaviors of target population, across those three health areas as compared to the baseline and Endline.

3. Provide information to PHB on other aspects of its SBC activities (impact on behavioral determinants; etc.) that will allow the PHB team to assess the effectiveness of its SBC activities; this information will be used by the program staff to document results of the PHB project and develop and share recommendations with the government and partners regarding future programming, course corrections, and lessons learned.

III. Consultancy scope of work:

The research firm/consultant team will be required to conduct the following assignment to ensure the endline study moves smoothly, meets the objective and produces a high-quality result.

1. Review and finalize questionnaires in Khmer and English;
2. Develop electronic/mobile data collection tool with built-in monitoring and quality control functions;
3. Train data collectors on study tool, research ethics and data quality;
4. Pilots test the tools and revise as required;
5. Collect data within selected study areas;
6. Develop field report detailing key challenges and any other context related issues that may have influenced the data and data collection; and
7. Engage in data cleaning process by providing needed information and clarify on any errors, mismatches or inconsistencies found by research team of PSI Cambodia.

3.1. Review and finalizing questionnaire:

The questionnaires will be developed by PSI Cambodia team, but the research firm/consultant team will be required to review and finalize questionnaires as needed in Khmer and English relevant to the following research questions:

- Are mothers visiting a health facility for at least 4 PNC check-ups after delivery?
- What are breastfeeding practices amongst new mothers?
- What are the current nutritional and feeding practices for children under five in the household?
- Is the mother able to continue breastfeeding up to 2 years?
- Are WRA and their partners using modern contraceptive methods?
- What percentage of Woman at Reproductive Age (WRA), Men and his partner switch from Traditional Method (TM) to Modern Method (MM)?
- What percentage of household (HH) members go to a public health facility for diagnosis/treatment when having TB symptoms?
- What percentage of TB patients comply with the recommended course of treatment for TB?

***Key Health Behaviors:**

1. Breastfeed newborns within 1 hour of birth.
2. Exclusive breastfeeding for the first 6 months.
3. Continue breastfeeding for up to 2 years.
4. Visit health facility (private or public) for at least four PNC check-ups with baby within 10 weeks of delivery.
5. Provide adequate diet for children ages 6-23 months with age-appropriate quantity and diversity of foods and snacks.
6. Use any modern contraceptive method.
7. Use post-partum modern family planning.
8. Switch from traditional FP methods to any modern FP methods.
9. Go to a health facility for diagnosis when presenting with TB symptoms of a persistent cough for two or more weeks.
10. Comply with recommended course of treatment for TB.

3.2 Mobile Data collection tool development

Data collection will be conducted using mobile devices. The selected agency/consultant team will be required to develop the mobile data collection application using Survey CTO (<https://www.surveycto.com/>) on PSI's server. PSI will provide full access for the agency/consultant team to create and program data collection forms, monitor data collection, download and manage agency assigned users for the Endline study database on PSI's server. PSI research team can also provide guidance/support in developing and streamlining the data collection application, if needed, however the majority of the task has to be completed by the agency themselves.

The selected agency/consultant team must ensure the mobile data collection application is pre-tested and finalized before the start of data collection. Any completed interviews using a non-finalized mobile data collection application will not be accepted nor will be included in the final data set for the study.

3.3 Training and pilot testing

Training of Trainers will not be considered and accepted for this study. Any training conducted should include all data collection teams. PSI expects one training session (number of days to be specified by agency in proposal) for the study; however, should the agency feel the need to conduct additional training during the data collection, written explanation should be provided to PSI on the reason and how this impacts data quality.

The number of days of training including pilot testing must be specified by selected agency/consultant team. Specified number of days should ensure that data collection teams have enough time to understand the scope of study, data collection tools, data quality, management, ethical aspect regarding data collection and data privacy etc. and other needs to ensure quality of data. PSI research team can ask agency to increase number of days if the specified number of days does not seem adequate based on past experience. The training will be conducted and facilitated by the agency/consultant team with some support from the PSI research team, who will attend all training sessions.

A pilot testing report will be developed and submitted to PSI Cambodia before the start of field work. PSI will also monitor data in Survey CTO to assess pilot testing.

3.4 Data collection

Informing relevant local authorities will be the responsibility of the selected agency/consultant team. PSI team will help in getting approval from respective Provincial Health Departments (PHD).

Data collection will be conducted within the selected study sites and follow all procedures specified in the final Research Ethics Board approved study design including, but not limited to, the sampling procedure, consent form, data management and other required steps to ensure the data meet good quality standards. Any deviation without informing PSI will be considered as non-compliance. The selected agency/consultant team will be responsible for managing the quality parameters and procedures. All data quality procedures and steps must be approved by PSI research team prior to the start of the fieldwork. Further quality and spot checking will be conducted separately by PSI research team including monitoring of data submitted in Survey CTO. The agency/consultant team has to be highly responsive to any quality concerns or questions from PSI. Multiple and serious quality issues can be grounds for termination of the contract.

Any unexplained irregularities found in the data can result in the entire completed interview/s, conducted by that interviewer, to be dismissed/discarded from the data set. PSI will use data quality check functions (including but not limited to data tabulations, geo-location, and text audit) within SurveyCTO to assess data quality and any irregularities in the data. The agency will ensure that additional interviews are conducted if this happens. Unexplained irregularities can happen when:

- Answers are recorded without asking the respondent. All recorded answers into the questionnaire must be from the respondent. Any answer, even one, generated by interviewer without asking the respondent to answer will be considered as cheating.
- Answers are recorded differently from what the respondent has mentioned, to gain advantage from skip pattern.

Field work report must be submitted to PSI Cambodia a week after the field work is completed.

During the data collection, the PSI team will review the data flow, capturing and providing feedback if needed.

IV. Deliverable:

The research agency/consultant team will deliver the following:

- Soft copy of Pilot testing and field work reports
- Final Data collection tool and instruments, including programming for the mobile device.
- Fully labelled and clean datasets

V. Timelines and Qualifications:

The total number of days for this consultancy is **38 days** from **May 15 – June 21, 2024**.

| Activity | # of day |
|---|-----------|
| Review project documents including study design | 05 |
| Questionnaire Programming | 07 |
| Train surveyors | 03 |
| Conduct Pre-test including edits/revisions | 02 |
| Conduct Data Collection | 21 |
| Total number of days | 38 |

Qualifications:

- Minimum qualifications of the research firm/consultant team should be:
- Experience in large scale and complex household surveys or in evaluating projects/programs related to the health sector; experience with research studies related to SBC, BCC or HP projects is a plus.
- Demonstrated skills in designing high-quality and professional mobile data collection tools.
- Evidence of success in completing big scale of data collection with high quality data
- Evidence of training and recruiting high quality field data collection team

Deadline of Submission: April 26, 2024 (5:00 PM)

To apply, submit your expression of interest, CV, or profile of all involved people, including the interviewers and proposal, to **Procurement Team (hard copy only)** at the PSI office located at No. 160, Street 71, Tonle Bassac, Chamkar Mon, Phnom Penh.

Remark: PSI will conduct the virtual debriefing session for all interested parties on **April 19, 2024, at 3 p.m.** To attend, contact Ms. Kheang Sokhai (email: procurement@psi.org.kh or call: 012 343839).

Please reference the position you are applying for with the subject: **PHB Project Endline Study Consultancy**. Only short-listed candidates or firms will be contacted.