1. Introduction

CARE Nepal is an international humanitarian organization working in the country for the past four decades. CARE Nepal's work largely centers on addressing the underlying causes of poverty and ensuring social justice for the most vulnerable and marginalized populations, with women and adolescent girls as the main impact groups. CARE Nepal's current programs areas are broadly grouped into three themes: i) women's economic empowerment and climate justice ii) gender justice and health and educational rights iii) disaster risk reduction and gender in emergency. In addition, gender equity and social inclusion (GESI), social norms, inclusive governance and accountability, and partnership and alliance run as cross-cutting themes across programs.

This Terms of Reference (ToR) is developed to solicit consultancy services from a qualified consultant or organization to undertake a post-project sustainability study of the Strengthening Resilience of Communities and Institutions from the Impacts of Natural Disasters (VISTAR II) project implemented in two Palikas in each of the Dadeldhura, Dang, Kailali and Kanchanpur districts of Sudurpashchim and Lumbini Province of Nepal.

2. Study and Project Background

CARE Nepal is currently designing a post-project sustainability study of the Strengthening Resilience of Communities and Institutions from the Impacts of Natural Disasters in Sudurpashchim and Lumbini Province of Nepal (VISTAR II) project with support from CARE USA Impact, Learning, Knowledge and Accountability (ILKA) Division. The VISTAR-II project was implemented from March 2015 to December 2016 to build resilience of communities and institutions from the impacts of natural disasters in Sudurpashchim and Lumbini Province of Nepal. It had a primary focus on standardizing and institutionalizing Community Based Disaster Preparedness (CBDP) model, ensuring engagement of multi-level stakeholders, establishing community level preparedness and mitigation mechanisms along with advocating for inclusive disaster risk management policy.

The project engaged with district and local Disaster Risk Management (DRM) actors for strengthening their capacities, including developing master trainers to facilitate mainstreaming DRM into development, as well as replicating and scaling up of Community Based Disaster Preparedness (CBDP) model ensuring communities are risk informed and practice safe and appropriate behaviours to reduce the risks. The project-built leadership and management capacities from the community to national level, putting in place a practical Early Warning System (EWS) and advocating for DRM policy development. It also supported to develop realistic DRM plans at communities and schools, promote model small mitigation measures, along with supporting line agencies for DRM mainstreaming, institutional strengthening and linking vulnerable groups with development programmes. The primary beneficiaries of the project were population of 32 most vulnerable communities identified by the community and local stakeholders of the former 8 Village Development Committees (VDCs). Beside this, former 17 VDC/municipality stakeholders (Local Disaster Management Committees (LDMCs), district stakeholders (District Disaster Management Committee (DDMC), District Disaster Response Team (DDRT), master trainers), 44 schools (students, teachers, School Management Committee (SMC), cooperatives and saving groups benefited through the project. The key expected results of the project were,

- The CBDP model is consolidated, scaled up and replicated through integrating into government's DRR planning and implementation processes

- Linkages between communities to district DRR institutions developed and strengthened to carry out coordinated response and mainstream DRR into development
- Targeted communities linked with functional EWS and District Emergency Operation Centre (DEOC) received timely inclusive early warning messages in emergency situations and undertake effective action.
- Formulation/endorsement of DRR policy institutionalization and its implementation is enhanced by strong coordination, engagement and evidence-based advocacy to NRRC, NPC and DPNet.

3. Objective of the Study

The overall aim of the study is to examine the sustainability of the project to understand whether, how, and why VISTAR-II project has been able to make lasting impacts to sustain a flow of benefits over time. The specific objectives of the study are,
- To examine the nature and extent of the sustainability of impacts generated by the VISTAR-II project interventions.
- To generate evidence on the gender transformative approaches that helped reduce disaster related vulnerabilities and increase resilience of women and girls
- To generate evidence and learning on best practices, lessons learnt and unintended impacts that would inform future program designs, strategies and policy advocacy on disaster risk reduction (DRR) and resilience at the local, national and regional level

4. Study/Research Question

The study seeks to answer the following key research questions based on its conceptual framework. The conceptual framework is available with details research protocol document.
- How has the CBDP model adopted in VISTAR II consolidated and scaled up in the local and national government's DRR plans and implementation process? (O1)
- What are the approaches, structures and models that have been effectively integrated and replicated in the government plans? How have these approaches/models been adapted in the new governance structures? (O1)
- How has the scaling up process and mechanisms targeted the most vulnerable groups (women, people with disability, children, elderly and other marginalized groups)? What factors made scalability possible? (O1)
- How has the project contributed to reducing disaster related vulnerabilities and increasing resilience of women and girls? (O2)
- How has it impacted disaster related vulnerabilities and resilience of women and girls? (O2)
- How can the project approaches and strategies aimed at transforming project outcomes be sustained for lasting impacts over a long period of time? What are the learning and unintended impacts that could inform future program strategies and design? (O3)
- What has been the project's contribution in generating new learning, approaches and models on community-based disaster preparation at the regional/global level? (O3)

5. Study Methodology and Approach

I. Study Design: The study will adopt convergent parallel study designed where the team will collect quantitative and qualitative data concurrently; analyse the two data sets separately and mix the two databases by merging the results during interpretation and analysis. The GESI components will be reflected in all qualitative and quantitative tools and proceedings

II. Source of Information: The study will apply a combination of primary and secondary information collection tools and approaches while collecting relevant information from multiple sources, which

will be primarily guided by the study objectives and research questions. Understanding what is driving sustainability post implementation and learning from post project studies to achieve greater impact at scale would be central to data collection process. Both qualitative and quantitative information will be collected using participatory approaches, while taking Gender Equality and Social Inclusion (GESI) into consideration. The quantitative information will be collected by designing the HHs survey questionnaire and qualitative information will be collected organizing FGD and KII with other key stakeholders to the project and project partners, including relevant government stakeholders.

III. Sampling Framework: The project was implemented in two Palikas in each of the Dadeldhura, Dang, Kailali and Kanchanpur districts. Out of 4 project districts, two districts and one Palika from each district will be selected randomly as a study area. The total households of the project area constitute the sampling frame/population from which representative sample 400 HHs will be drawn for household survey along with non-response error adjustment. The household will be considered as the sample unit. The 95% confidence level and 5% margin of error will be applied while determining the sample size. The required sample households will be selected by Multistage Stratified Simple Random Sampling procedure.

IV. Ethical Review: The study protocol will be submitted to Health Media Lab International Review Board (HML IRB) for ethical review and clearance https://www.healthmedialabirb.com/. HML IRB is an internationally recognized review board that provides ethical and quality assurance review on social science research concerning human subjects. The process entails submitting a HML Expedited IRB Review request form along with supporting documents to the concerned focal points at HML IRB. Once the study protocols are deemed adequate, a letter of approval is issued.

V. Quality Assurance and Ethical Consideration: An advisory committee of three members will be formed to provide inputs on the research design and outputs. They will ensure that the study team adheres to the highest standard of research quality. The study team will ensure that the research abides by the highest ethical standards. The team will seek written informed consent from research participants for each of the HHs-survey, FGDs and KIIs for collection of information (through survey questions, recordings, and photographs). Through the consent form, the participants will also be clearly informed about the purpose of the research and how the information will be used and disseminated.

6. Key Deliverables

At the minimum, study team should include the following deliverables:

I. Inception report: including team's understanding of the project, intervention, data-collection plan, methodology, ethical consideration, and ethical review process, sampling framework, planned interview guide, qualitative and quantitative procedures and tools for data collection and analysis and detailed itinerary for fieldwork.

II. Research protocol: research protocol document in HML IRB or NHRC template

III. Ethical review approval letter: (HML IRB) or NHRC ethical review approval letter

IV. Training report: Brief training report on research ethics, consent process and research tools for field researchers/enumerators

V. Written informed consent forms: Signed informed consent form of the sample HHs

VI. Original and clean data sets: quantitative data sets, FGD notes, KII recordings, transcribed interviews

VII. Draft and final reports: draft and final report written in English. The study report should be very precise (not exceeding 20 pages excluding annexes), all must answer each research questions of the study.

VIII. Dissemination session brief report: four pager summary brief from detail report for dissemination purpose for larger audience.

IX. Journal article: draft Journal article to publish in the national and international journal

7. Reporting Line

The consultant team will work in close coordination with assigned CARE Nepal focal personnel in the contract.

8. Study Time Frame

The timetable shows only the main phases and stages. Once dates and broad approach are agreed, a more detailed timetable will be developed in inception report.

Task	Days	Responsible
I. **Preparatory Phase**		
Preparatory Meetings to discuss about the requirements of study	0.5	Study team and CARE team
Project document and secondary data review	2	Study team and CARE team
Prepare Inception Report and presentation on inception report	3	Study team
Finalize the research protocol and ethical review forms	2	Study team and CARE team
II. **Execution Stage**		
HHs Survey	10	Enumerator
FGD, KII and other Qualitative methods Survey	10	FGD and KII Facilitators
Interview with CARE VISTAR-II team	1	Study team and CARE team
Transcribing/translation of qualitative interviews (verbatim) qualitative data analysis	5	Data Transcribers
Quantitative data analysis and visualization	3	Data Analysis Expert
Data validation workshop	2	Study team and CARE team
Preparation of draft report and sharing of initial findings	5	Study team
III. **Finalization Stage**		
Address comments on the draft report and submission	2	Study team and CARE team
Final briefing to Senior Leadership Team (SLD) and Senior Management	0.5	Study team and CARE team
Final report submission	1	Study team
Dissemination session Brief four pager report	1	Study team and CARE team
Journal Article	3	Study team and CARE team
IV. **Dissemination Stage**		
Dissemination workshop	3	Study team and CARE team

Estimated timeline from mid of March 2021 to mid of August 2021.

9. Study Team Composition

Under the supervision of the principal investigator, the study will be conducted by a team of experts comprising of following members. CARE prioritizes inclusion and diversity in the composition of the team. The expected profile, allocated time of each of the team members is listed as follows.

Role	Number	Working Days	Expected Profile
Lead Research Consultant-	1	25	• A recognized university degree in, international development, environment science, disaster management, or related social science (a minimum of masters' level but preferably doctorate level) • At least 5 years of experience in the area of development research (preferably in the field of disaster management and climate change) • Sound knowledge of major issues under the study, disaster risk reduction, climate change, community based disaster management • Demonstrated knowledge of and skills in both quantitative and qualitative research methodologies and research ethics along with publishing papers in national and international journals • Experience in implementing research studies and supervising team members independently • High level of professionalism and strong interpersonal and communication skills • High proficiency in written and spoken English.
Data Analysis Expert (Quantitative and Qualitative jointly with qualitative data transcriber)	1	3	• At least bachelor's level education in statistics or related fields of social science • Proven experience of data entry, analysis and management • Skills in operating excel, SPSS, Stata or other relevant database/software for data entry and analysis • A good understanding of research ethics • Experience in training and supervising field enumerators to maintain the quality of data • High level of professionalism and strong interpersonal skills • Have experience of working in a team and reporting to study team leader
FGD and KII Qualitative Data Transcriber	1	5	• Prior experience in transcribing/translation of qualitative interviews (verbatim) • Good command over Nepali and English language

			• A good understanding of research ethics and maintaining confidentiality of the interview's identity and details • Ability to deliver outputs in a short period of time • Have experience of working in a team and reporting to study team leader
Enumerators	8	10	• At least higher secondary/certificate level of education in social science • Experience of engagement in research work at the field level in data collection and documentation • Field experience of working with diverse community people such as women and other socially excluded groups • Understanding of and sensitivity towards local language and socio-cultural context (preferably a local) • Strong work ethics, strong interpersonal skills, and willingness to learn • Have experience of working in a team and reporting to study team leader
KII/FGD facilitators	4	10	• At least bachelor's level education in international development, environment science, disaster management, or related social science • Sound knowledge of major issues under the study, disaster risk reduction, climate change, community based disaster management • Experience in working with different stakeholders at the community level- community people, groups and local government bodies • Demonstrated skills in FGD/KII facilitation and note taking • Strong work ethics, strong interpersonal skills, and willingness to learn • Have experience of working in a team and reporting to study team leader

10. Role of CARE Nepal Team

CARE Nepal team will closely work with the consultant team in supporting and managing the research process and outputs. CARE Nepal will coordinate with the partner organizations in finalizing the study sites and sample population. The team will also support consultant during the data collection and analysis process. In addition, it will also provide the consultant with relevant documents for document review.

11. Copyrights

CARE Nepal has sole ownership of all final data, reports, document, and any findings shall only be shared or reproduced with the permission of CARE Nepal.

12. Proposal Specifications:

A proposal detailing the real time review methodology, tools, work plan and budget.

The technical (70%) and financial (30%) proposals will be evaluated based on following criteria:

I.   Technical

- Understanding and interpretation of the ToR
- Post Project Sustainability (PPS) Study methodology
- Time and activity schedule

II. Organizational/Personnel Capacity Statement

- Relevant experience related to the assignment
- Team Composition as per ToR
- Curriculum Vitae with relevant references

III. Financial

- Proposed budget with detail break down

13. Submission of Proposals

The proposal can be e-mailed by or before 5th March 2021 to npl.carenepal@care.org

14. Evaluation and Award of Consultancy:

CARE Nepal will evaluate the proposals and award the assignment based on technical (70%) and financial (30%) criteria. CARE reserves the right to accept or reject any proposal received without giving reasons and is not bound to accept the lowest, the highest or any bidder

15. Payment terms:

- The first installment (40%) of the total amount will be paid after finalizing the research protocol.
- Final payment (60%) will be made after submission and approval of final report.