

Terms of Reference

Gender and Human Rights Assessment of Malaria Services in Two High-Burden Palikas of Nepal Using the Malaria Matchbox Tool

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|---------------------------------------|---|
| Commissioning Organization: | Recovering Nepal |
| Technical Approving Authority: | Epidemiology and Disease Control Division (EDCD), Department of Health Services, Ministry of Health and Population, Government of Nepal |
| Assessment Sites: | Narainapur Rural Municipality (Banke, Lumbini Province); Godawari Municipality (Kailali, Sudurpaschim Province); Balara Municipality (Sarlahi, Madesh Province) |
| Duration & Reporting: | 3 months from contract signing Reporting to: CEO, Recovering Nepal (administrative); EDCC (technical) |

1. Background and Rationale

Nepal has set a national target of zero indigenous malaria case by 2026 and WHO certification of elimination by 2030. Reported cases nationally fell to 1164 in 2081/82. However, the residual burden is geographically concentrated. Sudurpashim, Lumbini and Madesh Provinces together account for 87 percent of all reported cases, and within those provinces, transmission is concentrated in a small number of palikas along the southern plains and the Indian border.

Out of the three high burden districts, two palikas will be selected for this assessment of malaria in their respective districts based in the sharing meeting at EDCC.

| Palika | District | Province | Cases (2081/82) | Share of district burden |
|-------------------------------|----------|--------------|-----------------|--------------------------|
| Narainapur Rural Municipality | Banke | Lumbini | 187 | 75% |
| Godawari Municipality | Kailali | Sudurpaschim | 56 | 27% |
| Balara Municipality | Sarlahi | Madhesh | 36 | 50% |

Each palika presents a distinct epidemiological and social profile: cross-border mobility with India, forest-fringe and agricultural exposure, Tharu, Madheshi, and Muslim populations, internal seasonal migration, and population groups underserved by routine surveillance and case management.

In an elimination context, the equity question is who is missed by surveillance, who is not tested when febrile, and whose imported cases go undetected. The Malaria Matchbox Tool, developed by the Global Fund and the RBM Partnership to End Malaria, provides a structured methodology to identify these gaps through secondary data analysis, qualitative fieldwork with affected populations and service providers, and gender and intra-household analysis.

Findings will inform Nepal's malaria elimination micro-planning at palika and district levels, the next Global Fund funding request, the National Malaria Strategic Plan, and community-led monitoring by civil society partners engaged in the malaria response.

2. Objectives

2.1 Overall Objective

To identify the structural, social, gender-related, and service-delivery barriers that prevent underserved and at-risk populations in two high-burden palikas of Nepal from accessing equitable malaria prevention, diagnosis, treatment, and surveillance services for more inclusive, right based malaria responses, and to generate recommendations to strengthen Nepal's path to malaria elimination.

2.2 Specific Objectives

- Map the underserved, mobile, and at-risk populations in each palika using surveillance data, programmatic records, and community knowledge.
- Assess to and quality of malaria services across prevention, testing, treatment, follow-up, and surveillance for these populations from human rights perspective
- Identify how gender norms, roles, and inequalities affect malaria prevention, diagnosis, and treatment in Nepal.
- Examine gender-related and intra-household dynamics/differences that shape exposure risk and health-seeking behavior between men, women and vulnerable groups (e.g. pregnant women, migrant workers)
- Identify cross-border, occupational, and structural factors driving residual transmission at each site.
- Develop palika-specific and cross-cutting recommendations and an action plan for integration into local and national malaria planning.

3. Scope of Work

3.1 Geographic Scope

Fieldwork will be conducted in two palikas:

Review the programmatic interventions and its reach malaria affected districts across the country although this assessment will cover two major high burden palikas among three follows:

- **Balara Municipality, Sarlahi (Madhesh)** — the leading transmission focus in Sarlahi, with cross-border movement, Madhesi Dalits, Madhesi women, pregnant women, children under 5 and other Madhesi vulnerable groups, and agricultural labor exposure.
- **Narainapur Rural Municipality, Banke (Lumbini)** — the highest single-palika burden in the country, with predominantly Muslim and Madhesi populations, open border with Uttar Pradesh, and seasonal labor migration to endemic Indian states.
- **Godawari Municipality, Kailali (Sudurpaschim)** — the leading transmission focus in Kailali, with substantial Tharu population, and other indigenous groups (pregnant women, poor people, people with disabilities, community leaders, children under five, Madhesi communities, forest-fringe settlements bordering the Churia range, and internal migration linked to agriculture and forest-based livelihoods).

3.2 Methodological Scope

The Malaria Matchbox Tool is a framework developed by the RBM Partnership to End Malaria that helps to assess and evaluate whether malaria programs address the issues of gender equality and human rights. In Nepal, under the Global Fund program, it is used to identify challenges faced by vulnerable groups such as migrant workers, indigenous communities, women, and children in accessing malaria prevention, testing, and treatment services. By analyzing these issues, the tool guides malaria programs to be more equal, rights-focused, and aligned with Nepal's malaria elimination goals, while also improving accountability and planning better interventions. The assessment will apply the Malaria Matchbox Tool, adapted to Nepal's elimination context, across the following components:

- **Desk review and secondary data analysis** — case surveillance data (EDCD, HMIS, DHIS-2), demographic and socio-economic data (CBS, NDHS), prior assessments, Global Fund country documents, and palika-level health records.
- **Qualitative fieldwork** — key informant interviews (KII) with health workers, Female Community Health Volunteers, palika health officials, district health office representatives, EDCD focal points, and civil society representatives; focus group discussions (FGD) with community members disaggregated by sex, age, occupation, and ethnicity or caste.
- **Gender and intra-household analysis** — sex-disaggregated discussions and analysis of decision-making, mobility, and exposure patterns within households.
- **Stakeholder validation** — technical review with EDCD and key partners.
- **Action planning** — palika-specific action plans and a consolidated set of recommendations for national-level uptake.

3.3 Sampling

Per palika: 9 key informant interviews and 2 focus group discussions, disaggregated to include women, men, indigenous community members, mobile and migrant workers, poor people, Dalits communities and forest-goers as relevant to each site. Total across two palikas: 18 KIIs and 4 FGDs.

4. Deliverables

| # | Deliverable | Timing |
|---|---|----------------|
| 1 | Inception report with refined methodology, tools, sampling frame, work plan, and ethics package; Desk review and secondary data analysis report | End of Month 1 |
| 2 | Fieldwork completion and preliminary findings memo, Draft assessment report with palika-specific chapters and consolidated findings | End of Month 2 |
| 3 | Technical review meeting with EDCD and key partners; Final assessment report incorporating review feedback; Two palika-level action plans and one consolidated national-level recommendations brief | End of Month 3 |

The final report will be submitted in English. The executive summary and the two palika action plans will be made available in Nepali.

5. Methodology and Approach

The consultant will:

- Apply the Malaria Matchbox Tool as the core methodological framework, adapted to Nepal's elimination context.
- Use a qualitative approach combining desk review, key informant interviews, focus group discussions, and participatory validation.
- Ensure participation of community members, including women, indigenous groups (Tharu, Madheshi, Muslim communities), and mobile populations, across the assessment cycle.
- Coordinate with palika health sections, district health offices, EDCD, and Recovering Nepal's local partners.
- Conduct fieldwork in local languages, including Awadhi, Maithili or Bhojpuri, and Tharu as relevant per site.
- Obtain ethics clearance prior to fieldwork through the pathway agreed with EDCD — either Nepal Health Research Council review or, if EDCD authorizes the assessment as a programmatic review under its own mandate, the corresponding internal pathway.
- Apply informed consent, confidentiality, and do-no-harm principles in line with the Matchbox tool's ethics annexes.

6. Team Composition

- **Lead Consultant (1)** — technical leadership, methodology design, analysis, and report writing. Full-time engagement across the three months.
- **Field Enumerators (2 per palika, 4 total)** — locally recruited, bilingual in Nepali plus the relevant local language for each site.
- **Administrative and Logistics Support** — provided by Recovering Nepal.

7. Qualifications of the Lead Consultant

- Advanced degree in public health or epidemiology.
- Minimum 5 years of experience in health systems assessment, or qualitative research, or equity and access studies in Nepal or comparable settings.
- Experience with community-based assessments in malaria, HIV, TB, or other Global Fund disease programs.
- Familiarity with Global Fund processes, Community, Rights and Gender frameworks, and Nepal's health sector planning architecture.
- Writing proficiency in English and working knowledge of Nepali.
- Prior engagement with marginalized, key, or mobile populations will be an added value.

8. Reporting, Coordination, and Oversight

The Lead Consultant reports administratively to the CEO of Recovering Nepal and technically to the EDCD. EDCD task team and Recovering Nepal will be convened to review the inception report and draft findings. The Lead Consultant will submit monthly progress updates to Recovering Nepal and EDCD.

9. Timeline

| Month | Activities |
|---------|---|
| Month 1 | Inception, tool adaptation, ethics clearance, Stakeholder mapping, desk review, Secondary data analysis |
| Month 2 | Enumerator recruitment and training, fieldwork preparation, Fieldwork in all two palikas, palika-level debriefs |
| Month 3 | Analysis, drafting, technical review, finalization, submission |

10. Budget

The budget will be agreed separately and will cover consultant fees, enumerator fees, travel and per diem for two palika field missions, ethics review fees, translation and transcription, technical review meeting costs, and report production.

11. Ownership and Use of Findings

All data, analysis, and reports produced under this assignment will be the joint property of Recovering Nepal, UNDP/ Global Fund and EDCD. Findings will be made publicly available following EDCD clearance and will be shared with the Country Coordinating Mechanism, the Global Fund, WHO, and relevant civil society partners.

¹ **RBM Partnership to End Malaria – Malaria Matchbox Tool (official toolkit)**