

RE-INVITATION OF REQUEST FOR PROPOSAL (RFP)

NAME & ADDRESS OF FIRM	DATE: August 19, 2021
	REFERENCE: NPL10-RFP23-2021

Dear Sir / Madam:

We kindly request you to submit your Proposal for **Preparing National Action Plan Against Suicide.** Please be guided by the form attached hereto as Annex 2, in preparing your Proposal.

Proposals may be submitted on or before **1700 hours (Nepal Standard Time), Wednesday, September 08, 2021** and via UNDP eTendering module.

In case your company is not registered in the eTendering module, please use the following temporary username and password to register your company/firm: **Username: event.guest** and **Password: why2change.**

Bidders who will be registered on the e-tendering will be able to download the complete bidding documents from the e-tendering website at: https://etendering.partneragencies.org "Bidders can download the complete tender documentation from the e-Tendering upon registration".

Your Proposal must be expressed in the English, and valid for a minimum period of 90 days.

In the course of preparing your Proposal, it shall remain your responsibility to ensure that it reaches the address above on or before the deadline. Proposals that are received by UNDP after the deadline indicated above, for whatever reason, shall not be considered for evaluation.

Services proposed shall be reviewed and evaluated based on completeness and compliance of the Proposal and responsiveness with the requirements of the RFP and all other annexes providing details of UNDP requirements.

The Proposal that complies with all of the requirements, meets all the evaluation criteria and offers the best value for money shall be selected and awarded the contract. Any offer that does not meet the requirements shall be rejected.

Any discrepancy between the unit price and the total price shall be re-computed by UNDP, and the unit price shall prevail, and the total price shall be corrected. If the Service Provider does not accept the final price based on UNDP's re-computation and correction of errors, its Proposal will be rejected.

No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted by UNDP after it has received the Proposal. At the time of Award of Contract or Purchase Order, UNDP reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum twenty-five per cent (25%) of the total offer, without any change in the unit price or other terms and conditions.

Any Contract or Purchase Order that will be issued as a result of this RFP shall be subject to the General Terms and Conditions attached hereto. The mere act of submission of a Proposal implies that the Service Provider accepts without question the General Terms and Conditions of UNDP, herein attached as Annex 3.

Please be advised that UNDP is not bound to accept any Proposal, nor award a contract or Purchase Order, nor be responsible for any costs associated with a Service Providers preparation and submission of a Proposal, regardless of the outcome or the manner of conducting the selection process.

UNDP's vendor protest procedure is intended to afford an opportunity to appeal for persons or firms not awarded a Purchase Order or Contract in a competitive procurement process. In the event that you believe you have not been fairly treated, you can find detailed information about vendor protest procedures in the following link:

 $\underline{\text{http://www.undp.org/content/undp/en/home/operations/procurement/business/protest-and-sanctions.html}$

UNDP encourages every prospective Service Provider to prevent and avoid conflicts of interest, by disclosing to UNDP if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, cost estimates, and other information used in this RFP.

UNDP implements a zero tolerance on fraud and other proscribed practices, and is committed to preventing, identifying and addressing all such acts and practices against UNDP, as well as third parties involved in UNDP activities. UNDP expects its Service Providers to adhere to the UN Supplier Code of Conduct found in this link:

https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/pdf/unscc/conduct_english.pdf

Thank you and we look forward to receiving your Proposal.

Sincerely yours,

Bal Ram Paudel

Assistant Resident Representative (Operations)

8/19/2021

Description of Requirements

Suicide is a serious public health problem that causes immeasurable pain, Context of the suffering, and loss to individuals, families and communities nationwide. The Requirement global evidences show that for every person who dies by suicide, leads to more than 30 others attempts of suicide. Suicide brings a heavy burden on the nation in terms of the emotional suffering that families and communities experience as well as the social and economic costs associated with medical care and lost productivity. Nepal Police data shows that Nepal has been experiencing increasing deaths due to suicide each year with 5124, 5317, and 5785 suicides in the year 2017, 2018 and 2019 respectively. In 2020, the suicide rate has increased to 6279. Given the link between mental health conditions and risk of suicide mortality, treating common mental health problems may be a key strategy to reducing suicidality. Moreover, there are social, economic, cultural, health and behavioral risk factors associated with suicide. The issue of mental health during COVID-19 pandemic has come to the forefront in Nepal with extremely concerning impact that includes increased suicidal ideation leading to suicidal deaths. So, the suicidal crisis presents an urgent need for launching a massive public awareness campaign across the nation so as to educate every member of the families about warning signs of suicide. Early preparedness to identify and minimize those at risk, provide them with care and support, help them protect their mental wellbeing and prevent suicide are essential. Implementing these strategies require multi-sectoral crosscutting roles to be blueprinted and agreed upon. In this context, National Planning Commission (NPC) intends to hire an experienced consulting firm to prepare the national action plan to reduce or sharply minimize the incidence of suicide in Nepal. **Implementing** N/A Partner of UNDP **Brief Description** The main objective of this consulting assignment is to prepare a Multi-Sectoral of the Required National Action Plan for Suicide prevention and response in Nepal. The specific Services objectives are: a. To identify, classify and categorize risk group through further analysis of long term reported incident of suicide, by age, ethnicity, occupations, gender, poverty, and geographical diversity, b. To analyze the possible reasons for suicide, c. To stock take the strategies and activities with the progress made so far for the prevention of suicide in Nepal, through literature review and consultation with

inter-sectoral ministries and likeminded organizations,

List and Description of	d. To identify the policy gaps and recommend the appropriate policies and strategies, among three tiers of the government and other stakeholders to prevent suicide and rehabilitation of the survivors including as related to inequality, poverty, environment action and gaps, e. To suggest appropriate measures on integrating suicide prevention strategies into concerned related plans of economic development, poverty reduction and employment generation, mental health and general health services, of ministries and ownership and access to land and natural resources, f. To develop the result framework to track the progress on implementation of the action plan. As mentioned in the ToR
Expected Outputs to be Delivered	
Person to Supervise the Work/Performanc e of the Service Provider	Joint Secretary and Chief, Good Governance and Social Development Division
Frequency of Reporting	As needed and mentioned in the ToR
Progress Reporting Requirements	As needed and mentioned in the ToR
Location of work	☑ At Contractor's Location
Expected duration of work	90- person work days spread over 2 months
Target start date	1 st October 2021
Latest completion date	30 th November 2021
Travels Expected	Yes, to the Provincial Headquarter of Province 02, Lumbini, Bagmati and Sudoorpashim Province. Further, at least 2 Rural/Municipalities with the abovementioned Provinces where the suicidal rate is high, should be visited and discussed.
Special Security Requirements	Compliance of Nepal Government's COVID-19 guidelines as applicable
Facilities to be Provided by UNDP (i.e., must be	

excluded from					
Price Proposal)					
Implementation Schedule					
indicating	☑ Required				
breakdown and	☐ Not Required				
timing of					
activities/sub-					
activities					
Names and					
curriculum vitae of	▼ Required				
individuals who	☐ Not Required				
will be involved in					
completing the					
services					
Currency of					
Proposal					
	☑ Local Currency Nepalese Rupee.	s			
Value Added Tax	· · ·		nlicable indirect t	tayor	
on Price Proposal	✓ must be inclusive of VAT and other applicable indirect taxes☐ must be exclusive of VAT and other applicable indirect taxes				
-	must be exclusive of VAT and C	iner a	oplicable indirect	taxes	
Validity Period of	□ C0 desse				
Proposals	□ 60 days				
Counting for the	■ 90 days				
last day of	□ 120 days				
submission of					
quotes)	In exceptional circumstances, UNDP may request the Proposer to extend the				
	validity of the Proposal beyond what has been initially indicated in this RFP. The				
	Proposal shall then confirm the	extensi	ion in writing, wi	ithout any modification	
	whatsoever on the Proposal.				
Dartial Quates					
Partial Quotes	☑ Not permitted				
		0.4	T		
Payment Terms	Outputs	%	Timing	Condition for	
	Submission of Insention Benert		Within 10	Payment Release Within thirty (30) days	
	Submission of Inception Report.	20%	Within 10 days	from the date of	
		2070	days	meeting the following	
	Submission of draft report.		Within 50	conditions:	
		40%	days		

	Sharing of the draft document to the workshop to be organized by NPC Submission of final report. Submission of final report. 40% Within 60 days a) UNDP's written acceptance (i.e., not mere receipt) of the quality of the outputs; and b) Receipt of invoice from the Service Provider.
Person(s) to review/inspect/ approve outputs/complete d services and authorize the disbursement of payment	Joint Secretary and Chief, Good Governance and Social Development; and Portfolio Analyst, UNDP Nepal Country Office
Type of Contract to be Signed	 ✓ Purchase Order ✓ Contract Face Sheet (Goods and-or Services) UNDP (this template is also utilized for Long-Term Agreement4 and if LTA will be signed, specify the document that will trigger the call-off. E.g., PO, etc.) ☐ Other Type of Contract [pls.
Criteria for Contract Award	 ☑ Highest Combined Score (based on the 70% technical offer and 30% price weight distribution) ☑ Full acceptance of the UNDP Contract General Terms and Conditions (GTC). This is a mandatory criterion and cannot be deleted regardless of the nature of services required. Non-acceptance of the GTC may be grounds for the rejection of the Proposal.
Criteria for the Assessment of Proposal	Technical Proposal (70%) – 700 points ☑ Expertise of the Firm [175] ☑ Methodology, Its Appropriateness to the Condition and Timeliness of the Implementation Plan [315] ☑ Management Structure and Qualification of Key Personnel [210] Financial Proposal (30%)-300 points To be computed as a ratio of the Proposal's offer to the lowest price among the proposals received by UNDP.
UNDP will award the contract to:	☑ One and only one Service Provider

Contract General Terms and Conditions ¹	☐ General Terms and Conditions for contracts (goods and/or services)
	Applicable Terms and Conditions are available at: http://www.undp.org/content/undp/en/home/procurement/business/how-we-buy.html
Annexes to this RFP	 ☑ Form for Submission of Proposal (Annex 2) ☑ General Terms and Conditions (Annex 3) ☑ Detailed TOR (Annex 4)
Contact Person for Inquiries (Written inquiries only) ²	UNDP Nepal Procurement Unit query.procurement.np@undp.org Written inquiries must be submitted mentioning RFP Ref: NPL10-RFP23-2021, on or before 5:00PM, 31st August 2021. UNDP shall respond to the inquiries by posting queries and responses in UNDP Website: http://np.undp.org/content/nepal/en/home/procurement.html . Inquiries received after the above date and time shall not be entertained. Any delay in UNDP's response shall be not used as a reason for extending the
Other Information [pls. specify]	deadline for submission, unless UNDP determines that such an extension is necessary and communicates a new deadline to the Proposers. The Financial evaluation will be carried out only for the technically qualified submission that pass the minimum technical score of 70% (490 points) of the obtainable score of 700 points in the evaluation of the technical proposals. The Financial Proposal and the Technical Proposal MUST BE SUBMITTED SEPARATELY and each of them must be submitted individually. Failing to submit the Technical and Financial Proposals in separate emails by following the instruction as mentioned above will be treated as non-responsive.

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Service Providers are alerted that non-acceptance of the terms of the General Terms and Conditions (GTC) may be grounds for disqualification from this procurement process.
 This contact person and address is officially designated by UNDP. If inquiries are sent to other person/s or

² This contact person and address is officially designated by UNDP. If inquiries are sent to other person/s or address/es, even if they are UNDP staff, UNDP shall have no obligation to respond nor can UNDP confirm that the query was received.

Proposed Technical Evaluation Criteria:

I. Expertise of firm / organisation submitting proposal (Points obtainable 175 Points))
1.1 Reputation of Organisation and Staff (Competence / Reliability)	15
1.2 Litigation and Arbitration history	10
1.3 General Organisational Capability which is likely to affect implementation (i.e.	
loose consortium, holding company or one firm, size of the firm / organisation,	
strength of project management support e.g. project financing capacity and project	
management controls)	35
1.4 Extent to which any work would be subcontracted (subcontracting carries	
additional risks which may affect project implementation, but properly done it offers a	
chance to access specialised skills.	10
1.5 Quality assurance procedures, warranty	15
Sub total (1.1 to 1.5)	85
1.6 Relevance of:	
- Specialised Knowledge	20
- Experience on Similar Programme / Projects	35
- Experience on Projects in the Region	15
- Work for UNDP/ major multilateral/ or bilateral programmes	20
Sub Total for 1.6	90
Total for Expertise of firm / organisation submitting proposal (I)	175
II. Proposed Work Plan and Approach (Points obtainable 315 Points)	
2.1 To what degree does the Offer or understand the task?	35
2.2 Have the important aspects of the task been addressed in sufficient detail?	20
2.3 Are the different components of the project adequately weighted relative to one	
another?	15
2.4 Is there evidence that the proposal been prepared based on an in-depth	
understanding and prior knowledge of the project environment?	35
2.5 Is the conceptual framework adopted appropriate for the task?	35
2.6 Is the scope of task well defined and does it correspond to the TOR?	70

2.7 Is the presentation clear and is the sequence of activities and the planning logical,	
realistic and promise efficient implementation to the project?	105
Total for Proposed Work Plan and Approach (II)	315
III. Personnel (Points obtainable 300 Points)	
3.1 Team Leader/ Public Health Expert -1	
Minimum Master's Degree in Public Health	10
At least 10 years' experience in the social/health research	35
Good understanding of the health related policies and suicidal issues in Nepal	30
Prior work experience in preparation of higher-level policy and strategy documents	15
Fluent in English and well verse with writing policy documents in Nepal	10
Sub Total for Team Leader/Public Health Expert	100
3.2 Psychologist -1	
At least Master's degree in Psychology and/or Mental Health	20
At least 7 years of experience in social/health research and development	40
Good understanding of the health-related policies and suicidal issues in Nepal	30
Excellent in writing reports and communication	10
Sub Total for Psychologist	100
3.3 Medical Doctor -1	
At least MBBS degree	20
At least 7 years of experience in social/health research	40
Good understanding of the public health issues of Nepal	30
Excellent in writing reports and communication	10
Sub Total for Medical Doctor	100
Total of PERSONNEL (3.1+3.2+3.3	300
GRAND TOTAL (I+II+III)	700

FORM FOR SUBMITTING SERVICE PROVIDER'S PROPOSAL³

(This Form must be submitted only using the Service Provider's Official Letterhead/Stationery⁴)

[insert: Location].
[insert: Date]

To: [insert: Name and Address of UNDP focal point]

Dear Sir/Madam:

We, the undersigned, hereby offer to render the following services to UNDP in conformity with the requirements defined in the RFP dated [specify date], and all of its attachments, as well as the provisions of the UNDP General Contract Terms and Conditions:

A. Qualifications of the Service Provider

The Service Provider must describe and explain how and why they are the best entity that can deliver the requirements of UNDP by indicating the following:

- a) Profile describing the nature of business, field of expertise, licenses, certifications, accreditations;
- b) Business Licenses Registration Papers, Tax Payment Certification, etc.
- c) Latest Audited Financial Statement income statement and balance sheet to indicate Its financial stability, liquidity, credit standing, and market reputation, etc.;
- d) Track Record list of clients for similar services as those required by UNDP, indicating description of contract scope, contract duration, contract value, contact references;
- e) Certificates and Accreditation including Quality Certificates, Patent Registrations, Environmental Sustainability Certificates, etc.
- f) Written Self-Declaration that the company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List.

B. Proposed Methodology for the Completion of Services

The Service Provider must describe how it will address/deliver the demands of the RFP; providing a detailed description of the essential performance characteristics, reporting conditions and quality assurance mechanisms that will be put in place, while demonstrating that the proposed methodology will be appropriate to the local conditions and context of the work.

³ This serves as a guide to the Service Provider in preparing the Proposal.

⁴ Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes

C. Qualifications of Key Personnel

If required by the RFP, the Service Provider must provide:

- a) Names and qualifications of the key personnel that will perform the services indicating who is Team Leader, who are supporting, etc.;
- b) CVs demonstrating qualifications must be submitted if required by the RFP; and
- c) Written confirmation from each personnel that they are available for the entire duration of the contract.

D. Cost Breakdown per Deliverable*

	Deliverables [list them as referred to in the RFP]	Percentage of Total Price (Weight for payment)	Price (Lump Sum, All Inclusive)
1	Deliverable 1	20%	
2	Deliverable 2	40%	
3	Deliverable 3	40%	
	Total	100%	

^{*}This shall be the basis of the payment tranches

E. Cost Breakdown by Cost Component:

Description of Activity	Remuneration per Unit of Time	Total Period of Engagement	No. of Personnel	Total Rate
I. Personnel Services				
1. Team Leader/ Public Health Expert		40 days	1	
2. Psychologist		30 days	1	
3. Medical Doctor		20 days	1	
II. Out of Pocket Expenses 1. Travel Costs				
2. Communications				
3. Others, if any				
III. Other Related Costs				

[Name and Signature of the Service Provider's Authorized Person]
[Designation]
[Date]



General Terms and Conditions of Contract

http://www.undp.org/content/undp/en/home/procurement/business/how-we-buy.html

Terms of References For Preparing National Action Plan Against Suicide

Type: Consulting Firm

Duration: 90 person days spread over 2 months

Starting date: August, 2021 **Duty Station**: Kathmandu, Nepal

Reporting: Joint Secretary and Chief, Good Governance and Social Development Division

Organization: National Planning Commission, Nepal

I. BACKGROUND

Suicide is a serious public health problem that causes immeasurable pain, suffering, and loss to individuals, families and communities nationwide. The global evidences show that for every person who dies by suicide, leads to more than 30 others attempts of suicide. Every suicide attempt and death affects countless other individuals and society. Family members, friends, co-workers, and others in the community all suffer the long-lasting consequences of suicidal behaviors. Moreover, dependents are more suffered from the suicide. Suicide brings a heavy burden on the nation in terms of the emotional suffering that families and communities experience as well as the social and economic costs associated with medical care and lost productivity. And yet, suicidal behaviors often continue to be met with silence and shame. These attitudes can be tough barriers to providing care and support to individuals in crisis and to those who have lost a loved one to suicide.

Suicide is among the top twenty leading causes of death worldwide, with more deaths due to suicide than to malaria, breast cancer, or war and homicide. Each year, the proportion of suicides accounts for more deaths than war and homicide combinedⁱ. Every year about 16, 000, 000 people attempt suicide, and 800,000 people among them die (WHO, 2019)ⁱⁱ. Approximately 75% of suicides occur in low- and middle-income countries (LMICs) where rates of poverty are high. Evidence suggests a relationship between economic variables and suicidal behavior. To plan effective suicide prevention interventions in LMICs, we need to understand the relationship between poverty and suicidal behavior and how contextual factors may mediate this relationship⁵.

Suicide is more prevalent among youth as it was the second leading cause of death aged 15-29 years for both sexes, after road injury. More deaths were due to suicide in this age group than to interpersonal violence. For females and males, respectively, suicide was the second and third leading cause of death in this age groupⁱⁱⁱ.

In Nepal, the estimated suicide rate is between 8.6 to 24.9 per 100,000 populations, which is more than double that of the global age-standardized suicide rate of 10.5 per 100,000^{iv}. Recent, findings of National Mental Health Survey conducted by National Health Research Council Nepal, revealed, suicidality of 8.7% and 10.9% among adolescents and adults respectively. However,

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⁵ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5454768/

there is a severe shortage of representative, nation-wide and reliable data about the burden of suicide in Nepal. The major reasons are underreporting of suicidal attempt, misclassification of cases, lack of coordination between the legal and health sectors, stigma, a lack of awareness, and poor death registration system. Furthermore, Nepal has been experiencing increasing deaths due to suicide each year with 5124, 5317, and 5785 suicides in the year 2017, 2018 and 2019 respectively. In 2020, the suicide rate has increased to 6279. (Nepal Police).

Large-scale efforts to expand access to mental healthcare in low- and middle-income countries have focused on integrating mental health services into primary care settings using a task sharing approach delivered by non-specialist health workers. Given the link between mental health conditions and risk of suicide mortality, treating common mental health problems using this approach may be a key strategy to reducing suicidality. Moreover, there are social, economic, cultural, health and behavioral risk factors associated with suicide. Furthermore, conflict, deep unhappiness, and hopelessness are especially prominent triggers of suicide. Economic and financial strain, such as job loss, long periods of unemployment, reduced income, difficulty covering medical, food, and housing expenses, and even the anticipation of such financial stress increases an individual's risk for suicide or may indirectly increase risk by exacerbating related physical and mental health problems. Reports shows significant increase in the magnitude of suicidal deaths from an average of 414 deaths per month before COVIID-19 outbreak to 559 deaths during COVID -10 outbreak and lockdown. Evidence suggest the coexistence of natural and emerging pandemic such as COVID-19 also increased the frequency of suicide. The issue of mental health during COVID-19 pandemic has come to the forefront in Nepal with extremely concerning impact that includes increased suicidal ideation leading to suicidal deaths. The suicidal deaths outweigh the COVID-19 mortality in Nepal.

II. NEED AND RATIONALE TO PREPARE NATIONAL ACTION PLAN FOR SUICIDE PREVENTION.

Various interventions have been undertaken at different levels in prevention and rehabilitation in Nepal but a specific long-term national strategy for suicide prevention is lacking^v. Hence, to address this significant public health problem, a multi-sectoral platform of stakeholders needs to be established under government leadership, to design and implement innovative and countrycontextualized policies and programs. A bottom-up approach, with active and participatory community engagement from the start of the policy- and strategy-formulation stage, through to the design and implementation of interventions, could potentially build grass-roots public ownership, reduce stigma and ensure a scalable and sustainable response. In order to identify specific groups at risk for suicide, it is important for Nepal to use disaggregated data by sex, age, and method. Doing so provides essential information for understanding the scope of the problem so that interventions can be tailored to meet the needs of specific populations and to adjust to trends. Therefore, there is an urgent need for the immediate actions to increase the investment in mental healthcare services to tackle with the rise of a massive upsurge in mental health conditions of each people across country and also reduce the poverty through providing employment opportunities targeting to the poor and marginalized communities and those who have lost their jobs due to COVID-19 pandemic.

Public health emergencies including incident of disaster are frequent in Nepal. There is positive correlation among these emergencies, poverty, mental health problems and incidence of suicide. Internationally, mental health causes seem to be the reason behind about 90 percent suicides, and depression has been the biggest risk factor. Moreover, compromised livelihood options, household debt, socio-economic status further push people into poor metal health status and ultimately thinking about suicide as a last resort. The post effects of disasters can have a stronger impact on individuals who already had mental health conditions to start with. Many studies also show that victims and survivors of crisis events such as floods, earthquakes and hurricanes increases post-traumatic stress disorder (PTSD) and depression that may lead to suicidal thinking^{vi}.

International literature suggests that the risk of suicide is a result of many interacting individual and socio-cultural factors. A history of past suicide attempts, the presence of mental and/or substance-use disorder, impulsivity, financial or social losses, and easy access to lethal means increase the risk of suicide. There is limited knowledge of the risk factors for suicide in the Nepalese population. Nonetheless, younger age and the presence of depression, are the most consistent risk factors noted in the available literature in Nepal. Other risk factors, such as marriage and relationship issues, interpersonal and family conflicts, family history of attempted suicide, and substance-use disorders, have also been recorded. Further, family, marital and relationship factors are clearly major contributors to suicides among women, as observed in nearly two thirds of cases (65%), with husbands being by far the predominant contributors to suicides (35%), and unhappy marriages being mentioned in nearly a quarter of suicide cases (24%).

The suicidal crisis presents an urgent need for launching a massive public awareness campaign across the nation so as to educate every member of the families about warning signs of suicide. Early preparedness to identify and minimize those at risk, provide them with care and support, help them protect their mental wellbeing and prevent suicide are essential. Implementing these strategies require multi-sectoral crosscutting roles to be blueprinted and agreed upon.

In this context, National Planning Commission (NPC) intends to hire an experienced consulting firm to prepare the national action plan to reduce or sharply minimize the incidence of suicide in Nepal.

III. OBJECTIVE OF THE ASSIGNMENT

The main objective of this consulting assignment is to prepare a Multi-Sectoral National Action Plan for Suicide prevention and response in Nepal; which will be the strategic document to the relevant sectoral ministries at both the federal and provincial levels as well as to the local level governments in developing their pogrammes and policies over the **next 5 years**.

Specific objectives of the assignment are as follows:

- a. To identify, classify and categorize risk group through further analysis of long term reported incident of suicide, by age, ethnicity, occupations, gender, poverty, and geographical diversity
- b. To analyze the possible reasons for suicide.

- c. To stock take the strategies and activities with the progress made so far for the prevention of suicide in Nepal, through literature review and consultation with inter-sectoral ministries and likeminded organizations
- d. To identify the policy gaps and recommend the appropriate policies and strategies, among three tiers of the government and other stakeholders to prevent suicide and rehabilitation of the survivors including as related to inequality, poverty, environment action and gaps.
- e. To suggest appropriate measures on integrating suicide prevention strategies into concerned related plans of economic development, poverty reduction and employment generation, mental health and general health services, of ministries and ownership and access to land and natural resources.
- f. To develop the result framework to track the progress on implementation of the action plan.

IV. SCOPE OF WORK AND METHODOLOGY

The consultant will prepare a comprehensive multi-sectoral national action plan for suicide prevention. To accomplish the assignment, specifically, the consultant will adopt following methodology:

(a) Desk Review:

i. Review of grey literature, legal and policy documents

- a. Review of relevant national laws, policies, working procedures, and guidelines, under multi-sectoral ministries and their line agencies,
- b. Assess and document the inequality, poverty environment factors related to suicide including through a literature review of the impact of poverty on suicides rates and environment on suicide rates.

ii. Collect secondary data, review and summarize the relevant national database, records and documents

- a. Suicide death record from Nepal Police,
- b. Current best practice implemented by government line agencies for suicide prevention,
- c. Practices and programs implemented by NGOs, and civil society working on mental health promotion and service delivery,
- d. Working procedures, case history, clinical guidelines from National Mental Hospital and other tertiary hospitals,
- e. Explore the international best practices adopted to prevent the suicide, support the survivors of the suicide and recommend relevant best practices in Nepalese context.

iii. Literature Review:

- a. Conduct systematic review of published literature on comparative effectiveness of suicide prevention interventions published from South Asian context,
- b. Indexed publication form Medline, PsycInfo, NepMed, NepJOL and Crossref.
- iv. Qualitative Research Method to Identification of root cause, risk factors and tigers of the suicide through:

- a. In-depth interview, case study and focused group discussions among persons with lived experiences and family members of person who died by suicide,
- b. Psychosocial verbal autopsy conducted by the multidisciplinary team from Psychologist and public health expert with closed family members who died by suicide in past three months.

(b) Consultation with the national level Inter-Ministerial government stakeholders:

The meeting will be conducted with NPC, related ministries and other relevant stakeholders (including civil societies and person with lived experience) to seek their feedback during the assignment to make the findings more practical and furthermore prioritize the findings into an implementable action plan. The team will ensure meaningful and inclusive participation of persons with lived experience in all phases of the action plan development and consultation meetings. Moreover, national level inter-minister level stakeholders including but not limited to Ministry of health and population, Ministry of home affairs, Ministry of agriculture, Ministry of labor, Ministry of women children and senior citizen and Ministry of education will be involved.

(c) Consultation with Provincial Planning Commission and Rural/Municipalities:

The consultants will consult with the selected Provincial Planning Commissions and selected Rural/Municipalities with highest prevalence of suicide. This activity will test how provincial and local government can contribute to the implementation of the national action plan.

(d) Preparation of draft document and submission it to Good Governance and Social Development Division, NPC through AISN project:

The Consultants will prepare the draft report and submit to the National Planning Commission through AISN project to get feedbacks and suggestions in the draft report.

NPC then will organize the workshop to share this draft report with the relevant wider stakeholders to seek feedbacks before finalization.

(e) Submission of final document:

The consultants will prepare final analytical reports based on comments and feedback received from the stakeholders, literature review and submit the final version to the Good Governance and Social Development Division of the NPC through AISN project.

V. TECHNICAL TEAM AND WORKING MANDAYS

It is assumed that the human resources to be proposed by the consulting firm/service provider will be as following;

S.N.	Resource Person	No.	Working-days
1.	Team Leader/Public Health	1	40
	Expert		

2.	Psychologist	1	30
3.	Medical Doctor	1	20

VI. REQUIREMENTS OF THE CONSULTANCY FIRM AND STUDY TEAM

A Team of experts will undertake the consulting assignment which include one Team Leader/Public Health Expert, one Psychologist and one Medical Doctor. The proposed Experts should have the following qualification and experience:

S/	Experts	Qualification and Experiences
N		
1	Team Leader/Public Health Expert	 Minimum Master's Degree in Public Health At least 10 years' experience in the social/health research, Good understanding of the health-related policies and suicidal issues in Nepal. Priority will be given to the person having prior work experience in preparation of higher-level policy and strategy documents, Fluent in English and well verse with writing policy documents in Nepal.
2.	Psychologist	 At least Master's degree in Psychology and/or Mental Health At least 7 years of experience in social/health research and development, Good understanding of the health related policies and suicidal issues in Nepal. Excellent in writing reports and communication.
3.	Medical Doctor	 At least MBBS degree At least 7 years of experience in social/health research, Good understanding of the public health issues of Nepal Excellent in writing reports and communication.

COMPETENCIES OF THE CONSULTING FIRM:

• At least operation for 5 years in undertaking integrated social, economic and health related policy research,

- Proven record of undertaking at least 3 similar assignments in areas of social/health research, policy analysis, public health issues, gender and social inclusion etc.,
- Working experience with and in partnership with government line agencies in the social/health research, gender and social inclusion,

VII. DELIVERABLES AND PAYMENT SCHEDULE

The specific deliverables of the Consulting Firm will be as below:

S.N.	Deliverables	Timeframe	Payment schedule
1.	An Inception report with a detailed methodology and a time bound work plan with key deliverables in consultation with Good Governance and Social Development Division, NPC.	Within 10 days of signing the contract.	20 % payment after approval of the report.
2.	Submission of draft national action plan to the NPC.	Within 45 days of signing the contract.	40 % payment after approval of the draft.
3.	Sharing of the draft document to the workshop to be organized by NPC.	Within 50 days of signing the contract.	40 % payment after approval of the final document.
4.	Submission of the final national action plan incorporating all the relevant comments/feedback provided individually and also received from the workshop.	Within 60 days of signing the contract.	

VIII. WORKING ARRANGEMENT

The Consultants will work under the technical guidance of Chief, Good Governance and Social Development Division and administrative supervision from UNDP Nepal Country Office. The Consultant will also work in close collaboration with National Programme Coordinator, National Project Manager and respective Policy Specialist of AISN project to administer the task to produce the deliverables. The consultant during the assignment shall demonstrate synergies with relevant government agencies (federal, provincial, and local) and adopt strategy to complete the assignment within the given timeframe.

To the extent available, the Consultants will be provided relevant literatures, data, and information necessary for the execution of the tasks under this assignment. However, it is the sole responsibilities of the consultant to explore, develop and compile the information to produce the deliverable. Further, s/he will be responsible for managing his/her own working station (i.e. laptop, internet, phone, printer/scanner etc.) and must have access to a reliable internet connection.

IX. ESTIMATED COST

The financial proposal should be all-inclusive in accordance to the format mentioned in the Request for Proposal (RFP) which should cover the cost of human resources proposed, cost of consultation meetings and travel required (if any) during the course of assignment.

Note: Required cost of national level wider stakeholder's consultation meeting/s and inception meeting will be borne by the AISN project/National Planning Commission directly.

X. EVALUATION METHOD

Applicants will be evaluated on the basis of combined evaluation methodology based on the evaluation criteria taking into consideration the technical strengths of the firm along with the expertise of the consultants.

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ⁱ https://news.un.org/en/story/2019/10/1048931

[&]quot;http://www.who-seajph.org/article.asp?issn=2224-

^{3151;}year=2017;volume=6;issue=1;spage=45;epage=49;aulast=Marahatta

iii https://news.un.org/en/tags/suicide-prevention\

iv https://bit.ly/32jhxtE

v https://bit.ly/3tmzXWo

vi http://archive.nepalitimes.com/regular-columns/all-in-mind/suicide-after-earthquake,496