POPULATION SERVICES INTERNATIONAL (PSI)

REQUEST FOR PROPOSALS

FOR THE PROVISION OF PROFESSIONAL DATA COLLECTION AND ANALYSIS SERVICES: Primary Healthcare Service Experiences

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REQUEST FOR PROPOSAL (RFP) NO.	**:**	**100**
TO PROVIDE	**:**	**Data Collection and Analysis Services**
ISSUE DATE	**:**	**June 21, 2018**
LAST DATE FOR RECEIPT OF CLARIFICATION QUESTIONS BY PSI	**:**	**July 5, 2018 (before 16:30 hours)**
LAST DATE FOR RESPONSES TO CLARIFICATION QUESTIONSBY PSI:	**:**	**July 8, 2018 (before 16:30 hours)**
RFP CLOSING DATE AND PLACE	**:**	**July 12, 2018; 16:30 hours** Dhaka, Bangladesh
PROPOSALS MAY BE DELIVERED BY EMAIL TO		Katie MacDonald kmacdonald@psi.org

REQUEST FOR PROPOSAL CONTENTS

RFP No. 100

PART I: BIDDING INSTRUCTIONS AND PROCEDURES

1.0 Introduction

PSI is a non-profit organization working to improve the health of poor and vulnerable people in developing countries. PSI has an annual budget of $500+ million, offices in 60+ countries, and 8,000+ employees. Country offices are supported by 200+ staff providing services in programmatic and administrative areas. Collectively this group is referred to as "Global Services", though most staff are based in Washington, D.C. Global Services is divided into four "cones" which encompass over 20 departments. For further information on PSI's size, scope, structure, and strategy refer to www.psi.org.

2.0 Information

This Part I, Bidding Instructions and Procedures, will not form part of any resulting award or contract. It is intended solely for the information of prospective Suppliers.

3.0 Bidding Costs

Bidders are under no obligation to prepare or submit bids in response to this RFP, and do so solely at their own risk and expense. PSI does not undertake to reimburse any costs incurred therefore.

4.0 Review of RFP

Bidders are solely responsible for the careful examination of all of the terms and conditions of this RFP and to comply fully therewith. Failure to do so will be at the Bidder's risk and expense.

5.0 Language

All documents submitted in response to this RFP, as well as all correspondence in connection with the RFP, shall be in the English language.

6.0 Clarifications

Any questions or clarifications concerning this RFP must be submitted in writing, to be received by the date shown on the cover page as the "**LAST DATE FOR RECEIPT OF CLARIFICATION QUESTIONS BY PSI**." Such inquiries shall be sent by email, directed to

Attention: Katie MacDonald
Email: kmacdonald@psi.org

PSI is under no obligation to consider or respond to questions that are not received by that date.

7.0 Bid Preparation

Bidders should submit their responses to this RFP to include:

A. Technical Proposal

B. Financial Proposal

A Technical Proposal

Your proposal should provide basic information about your Company and relevant service offerings. It should have a section addressing each of the following areas (maximum 15 pages):

(a) Company Profile
(b) Approach
(c) Responsiveness to the Scope of Work (SOW) see Part 3
(d) References

Responses should include the following information:

a. Company Profile

- Describe the Company on an overall basis, both nationally and internationally (if appropriate)
- Summarize the Company's qualifications and experience of the activities described in the SOW
- Provide a detailed track record of previous similar work undertaken

b. Approach

- Review study protocol, including objectives, methods, instruments and sampling methodology
- Provide a detail descriptions of Company's proposed method, including justification is company is proposing approach different from PSI
- Describe data collection plan including recruitment and field management strategies, protection of client confidentiality and periodic review of key question for decision on saturation point
- Data quality assurance plan
- Describe data management strategy
- Describe data analysis plan
- Workplan and timeline
- Describe the key personnel to be utilized on the engagement along with resumes of key personnel.
- Indicate their degree of expertise and prior experience, which would be appropriate for the engagement

c. Responsiveness:

- Identify key personnel who will be available for consultation or discussion;
- Describe any current or past relationships your organization may have with PSI, and if it is a potential conflict of interest. If there is a potential conflict of interest then please explain how this risk will be mitigated.

d. References:

1. Submit two (2) client references for key members (minimum 1-2) of the proposed client service team;
2. Submit three (3) non-profit client references;
3. Provide any other information to demonstrate the Company's capability in relation to the SOW (i.e. published reports)

B Financial Proposal

Bidders are asked to present a budget which identifies as precisely as possible the amount of money needed for each of the activities listed as key milestones and to achieve all listed deliverables in the SOW which is found in Part 3 of this document. The budgeting should be indicative of each activity as presented in the submitted work-plan. Please include a budget narrative with the budget.

9.0 Bid Submission

All proposals must be in writing, in the English language, and manually signed and dated by an authorized employee of the Bidder. They may be emailed as shown on the RFA cover page.

Proposals may not be altered, corrected or withdrawn after the Date of Receipt, except that PSI, at its sole discretion, may permit correction of arithmetic errors, transposition errors, or other clerical or minor mistakes, in cases in which PSI deems that both the mistake and the intended proposal can be established conclusively on the face of the proposal. Other than the mistakes listed in the previous sentence, no mistakes alleged by a Bidder after the Date of Receipt will be permitted to be corrected.

Proposals must be valid for at least ninety (90) days from the Date of Receipt.

10.0 Bid Evaluation

In evaluating the proposals, PSI will seek the **best value for money** rather than the lowest priced proposal. PSI will use a two-stage selection procedure:

Category 1 to 3 will be first scored based on technical proposal and evaluated against 80 points. The recruited agency should score 55 points to get through the technical evaluation. Category 4 score will be given only after evaluating the financial proposals for the total score of 100 points for the technical evaluation.

Specifically, the selection committee will evaluate each proposal upon the following criteria:

a. **Category 1:** Key personnel education and experience. The skill, experience and training of the key persons who will be performing the services requested (10 points);

b. **Category 2:** Technical brief (60 points):
   - Study design
   - Ethics, field monitoring and movement plan
   - Approach to data management and analysis
   - Overall responsiveness to SOW

c. **Category 3:** Prior Experience of Agency (10 points)

d. Category 4: Financial Proposal (20 points)

If at any time prior to award PSI deems there to be a need for a significant modification to the terms and conditions of this RFP, PSI will issue such a modification as a written RFP amendment to all competing bidders. No oral statement of any person shall in any manner be deemed to modify or otherwise affect any RFP term or condition, and no bidder shall rely on any such statement. Such amendments are the exclusive method for this purpose.

PSI is not bound to accept the lowest or any proposal and reserves the right to accept any proposal in whole or in part and to reject any or all proposals.

PSI shall not be legally bound by any award notice issued for this RFP until a contract is duly signed and executed with the winning Bidder.

PART 2: STUDY DESCRIPTION

Consumer Research: Primary Healthcare Service Experiences

I. Background:

Bangladesh is a developing country with a population of 160 million and is expected to reach 218 million by 2030 (Islam & Biswas 2014). Despite the burden of such a rapidly growing population, Bangladesh has made substantial progress in health and development in recent years, largely due to modern medicine, economic development, and improved control of communicable diseases. The average life expectancy at birth has increased from around 45 years in the early 1970s to 72.9 years for women and 70.3 for men in 2016 (BBS, 2017). The maternal mortality ratio (MMR), an indicator of whether a health system is providing effective services and care for a given population, has declined from 322 maternal deaths per 100,000 live births in 2001 to 196 maternal deaths in 2016 (BMMS 2016). The mortality rate for children under five has also shown significant improvements, decreasing from a rate of 46 deaths per 1,000 live births in 2009 to 34.2 deaths per 1000 live births (37 for males, and 32 for females) in 2014. By the 2014 BDHS, Bangladesh had achieved the Millennium Development Goal 4 target, of 48 deaths per 1,000 live births by 2015, well ahead of schedule. However, some of these measures of progress have stalled. Although the MMR was on track to reach the 2015 target of 143 deaths per 100,000 livebirths (Arifeen et al. 2014), total MMR has remained stagnant since 2010 (BMMS Preliminary Report, 2016). The total fertility rate has leveled off as well, with a rate of 2.3 births per woman in the years between the 2011 and 2014 BDHS (Sylhet remains the district with the highest rate of 2.9 births per woman).

Smiling Sun is one of the world's largest networks of primary healthcare clinics. The network has more than 38 million client contacts a year across 64 districts in Bangladesh. It operates 399 clinics and more than 10,000 satellite clinics1. It offers an attractive platform for advancing universal health coverage at scale. Through this research which is part of a series of studies, the Advancing Universal Health Coverage (AUHC) partner Population Services International (PSI) will determine how the market for primary health care is failing to serve the poor, evaluate root causes for failures, and identify and inform interventions that can accelerate improvements in the market via Surjer Hashi Network (SHN). This analysis will expand the understanding of health-seeking behaviors and service preferences of target populations. It will identify competitors and evaluate their performance against the target audience's needs to determine where there are gaps in the market. Insights from the Market Landscape will be used to develop a business plan, design service packages and the clinic operating system for SHN.

The recruited agency will follow guidance of PSI regional and international staff. It will also at times work collaboratively with members of the AUHC project team which will include partner organizations. Collectively this group will be referred to as the "study team."

II. Research Objectives:

The proposed study will be undertaken to help understand the consumers' journey in accessing care, with a focus on care-seeking and experiences with family planning (FP) methods, antenatal care (ANC) and delivery, and child health services. This study will provide insights into decision-making around

1 Satellite clinics are spaces that are offered by the community (factories, community centers, and private residences) where health services are provided. The purpose of the satellite clinics is to provide Essential Services Package (ESP) to meet the needs of the poor, mainly in remote rural areas, and particularly of women and children. These satellite clinics are usually staffed by one or two paramedics and offer a range of services including: antenatal care, postnatal care, family planning counseling child vaccines and referrals.

healthcare seeking and choice as well as barriers to accessing care. The research will narrow the evidence gap that currently exists regarding women´s challenges and motivations to accessing health services. Women seeking care at formal, private outlets including pharmacies, clinics (with and without pharmacies) and hospitals (hereafter referred to as private outlets) and Smiling Sun clinics will be the target during this phase of research.
Existing peer - reviewed literature will be used to draw conclusions about women who don't visit formal healthcare outlets for this phase of the business plan development. Further research will be done on this group in the future if necessary. Additionally, men will not be included in this phase of research. Information about the services men access currently at Smiling Sun clinics will be used for the SHN business plan development. Complete expectations for Research Agency can be found in the SOW.

Information gathered will help to design the service delivery package for SHN clinics. The study aims to:

1. Describe consumers' healthcare experiences at the private outlets where they are seeking care. This includes the services that are offered and how they are delivered.
2. Understand what drives demand by service type (family planning, antenatal care/delivery and child health) for private outlets (hospitals, clinics with and without pharmacies and pharmacies) and Smiling Sun clinics.
3. Document payment experiences for consumers. This will include how prices are presented to consumers, how costs for services are determined and modes of payment.
4. Describe how consumers are referred for services.
5. Broadly understand consumers' healthcare needs to uncover any unmet needs.

III. Study Methodology:

Study Approach: This qualitative research will include women ages 20-35 living in Smiling Sun catchment areas. In-depth interviews (IDIs) with recent Smiling Sun clients and focus group discussions (FGD) with clients from private outlets will examine client's experiences by service type (family planning, antenatal care/ delivery and child health). Insights produced from this study will help to determine how services can be more client-centered and to develop strategies for demand creation.

Sampling Strategy: Women ages 20-35 residing within the catchment area of the high performing Smiling Sun Clinics will be selected purposively to participate in the study. A list of high performing Smiling Sun clinics by urban, semi-urban and rural strata will be identified by the project. A perimeter around each of the selected clinics (1,000 meters for the urban/semi-urban areas and 2,000 meters for rural areas) will be defined as study areas.

The study will ensure that a diverse sample of women from urban/semi-urban and rural areas are recruited to gather information on behavior and constraints within different geographic strata. The project team will work with the agency selected to develop a strategy to recruit participants by type of services they have recently received.

Sample Size: A total of 48 participants will be recruited for the IDIs and 288-432 participants for the FGDs, with each focus group consisting of 8-12 participants. Details are mentioned below. However, the study team is expected to review data each day and assess the information obtained to re-adjust the sample plan and determine when saturation has been reached.

FGDs will be conducted with clients who recently visited private outlets in the sampled areas for FP, ANC/Delivery and child health services. **See Table A.**

Table A. Number of Focus Group Discussions with Consumers

	Family Planning	ANC/Delivery	Child Health
Urban/Semi-Urban	6	6	6
Rural	6	6	6
Total Discussions	12	12	12

In-depth interviews will be conducted with clients who recently visited Smiling Sun clinics for FP, ANC or Delivery, and Child health services. **See Table B.**

Table B. Number of In-Depth Interviews with Consumers

	Family Planning	ANC/Delivery	Child Health
Urban/Semi-Urban	8	8	8
Rural	8	8	8
Total Discussions	16	16	16

IV. Data Collection and Management Procedures

Data collection tool: There are two main data collection tools used this study: An In-depth Interview (IDI) guide for Smiling Sun users and a FGD guide for women seeking care at formal private outlets. A process of informed consent will be used to ensure voluntary participation in this study. All IDIs and FGDs will be conducted using prewritten discussion guide that outlines key areas of questioning. The discussion guide will highlight the key study questions and broader probing questions. Interviewers will be expected to use these tools as a guide to ensure all key study questions are covered. However, emphasis will be given to storytelling and follow up on the answers provided by the respondents with additional probes, some of which will be provided in the questionnaire based on their relevance to the topic. At this point. the IDI or FGD probes would funneling into responses/ issues to get further insights of the topic.
The discussion guide consist of questions related to service experiences and health seeking behavior related to family planning, antenatal care and child health. Draft questionnaires and discussion guides will be provided to the recruited agencies. The recruited agency will work with the project team to test, revise and finalize these tools

Translation: Discussion guides and the consent forms will be translated from language English to Bangla and then back translated from Bangla to English for correct translation.

Pretesting: Discussion guides will be pretested for logical flow, responses and probes, translation and understandability before final data collection. Informed consent will be taken from the pre-test participants prior to engaging them in the study.

Training of Interviewers: The selected interviewers will be provided training on discussion guidelines, ethics and qualitative techniques. The training of the interviewer will be imparted by research agency in

consultation with PSI staff. It is proposed to conduct four days' training session which includes field testing the research tools.

Data Collection Process: Data will be collected by trained research agency staff and supervised by the PSI staff. Data will be stored at the offices of the implementing research agency in Bangladesh, who will be carrying out the study data collection. All data will be turned over to PSI after collection. PSI will own all data collected as a part of this study.

- **In-Depth Interviews:** All IDI respondents will be screened and receive an explanation about the study purpose, methods, and expectations for participation. No interviews will take place without written or verbal consent (including explicit consent for audio recording). Semi-Structured, open-ended interview questionnaires will be utilized to guide each interview session. Additional research stimulus including visual picture cards or product samples will be used to support lines of inquiry. IDIs will be conducted by female data collectors, trained by the research agency, and will take place in a safe, private location of the respondent choosing. IDIs will not be conducted in the presence of any of the influencers in order to preserve confidentiality. Interview sessions will be digitally recorded. Data will be first transcribed into Bangla then translated into English. In-depth interview is expected to last an hour.

- **Focus Group Discussions:** All FGD respondents will be screened for eligibility and receive an explanation about the study purpose, methods, and expectations for participation. No focus groups will take place without written or verbal consent (including explicit consent for audio recording). FGDs will have between 8-12 respondents. Semi-Structured, open-ended interview questionnaires will be utilized to guide the discussion session. Additional research stimulus including visual picture cards and local product samples will be used to support lines of inquiry. FGDs will be conducted by female data collectors, trained by the research agency. All FGDs will take place in a safe, private location with an emphasis on accessibility and comfort for the respondents. Interview sessions will be digitally recorded. Data will be first transcribed into Bangla then translated into English. Focus group discussion is expected to last an hour.

Recruitment of Study Participants: The study team will adhere to the final sampling strategy approved by PSI REB. Participants will be recruited purposively from the catchment areas of Smiling Sun Clinics. Agency is expected to propose a recruitment strategy, which will be reviewed by the study team. Final decision on the recruitment strategy will be made in collaboration with the research agency. The research agency will be provided with a recruitment script which it will adapt for the study. The research agency must consider all possible risk highlighted in the ethical section of the design approved by PSI REB and adhere to all ethical considerations in recruitment of participants for FGDs and IDIs.

Data management: Agency will be responsible for management of the study data which includes data transcription, translation, and quality control. Agency is expected to outline data management and quality control strategies in its proposal.

Research materials collected will include completed audio recording, transcripts (including the oral consent form signed by interviewer), field notes, sampling information or any other materials used for study. All data collected is confidential and will only be used for purposes of this study. No identifiers will be included in the survey tool or the data set that will be used for analysis. The interviewer will collect the name(s) or contact information, if deemed necessary by study team, in a separate field notebook. This information is used for data quality control, either for supervisor backtracking or data verification. All study materials will be handed over to PSI after the data collection is complete.

V. Data Analysis

Transcription and translation: Data transcription will be done by the research agency in Bangla. Transcribed data will be translated in English for data coding, analysis and interpretation. Agency is expected to highlight number of days required for data transcription and translation in the proposed workplan. Information will be collected in audio recorders and names of the respondents will not be recorded in the recorders during interviews. Rather, respondents will be referred by their unique code in the transcripts.

Data Coding and Analysis: With the support from PSI, the recruited agency will develop a coding framework for the study. The end product of this exercise will be the codebook and identification of emergent “themes”, which will be developed to reflect the overarching insights about women's journey in accessing care, with a focus on care-seeking and experiences with FP, ANC/ delivery, and child health services. Once the coding framework has been decided upon, translated transcripts from IDIs and FGDs will be coded using this framework and analyzed accordingly. Additionally, demographic and psychographic data for the participants will be tabulated and presented alongside qualitative findings. A common narrative will be developed by using recurring themes identified during data analysis. This narrative will be used to ground the data analysis and report writing. These narratives will also serve as a basis for the data interpretation session with program team.

Data Interpretation Session: The research agency and PSI staff will lead in data interpretation and journey mapping session, where coded interview responses will be analyzed and interpreted collectively. The final output of this session will be in the form of a consumer personas and consumer journey map for each of the services.

PART 3:

SCOPE OF WORK

Minimum Requirements for Recruited Agency:

- Must have documented experience in executing qualitative research
- Review RFP including objectives, methods, and sampling methodology; propose a study design that demonstrates understanding of study objectives
- Prepare a data collection and management plan including recruitment strategy, data quality assurance, data protection and ethical principles
- Recruit female interviewer and group moderators for IDIs and FGDs
- Manage all field logistics
- Analyze data and prepare study report
- Experience working in both urba**n** and rural regions of Bangladesh. Ability to travel within these regions on the country.
- Exper**i**ence conducting consumer behavioral research, a plus if it is in the healthcare sector
- Ability to translate from Bangla to English and back to Bangla (both written and orally)
- Must supply own equipment for voice recording and electronic data entry

Expectations for Ways of Working:

In addition to the deliverables listed below, the recruited agency must be willing to work in the following ways. PSI staff will work alongside the recruited agency throughout the process. The agency will be provided with draft research tools including: FGD, IDI questionnaires/discussion guides, recruitment script and consent forms. The agency will test and finalize these tools. The agency will be responsible for recruitment of all research participants using the provided recruitment script. All participants must consent to participate in the study. The agency must comply with all ethical considerations of the research to be determined by PSI. The agency must comply to receive quality assurance spot checks routinely throughout data collection and data entry. The agency must provide PSI with a contact who is ready to respond to questions throughout the study.

	Key Milestones
1.	Finalization of FGD guide
2.	Finalization of IDI guide
3.	Translation of all data collection tools
4.	Testing of research tools in both urban and rural areas
5.	Selection and hiring of Interview/moderator/note-taker
6.	Interview/moderator/note-taker training
7.	Recruitment of research participants
8.	Data collection
9.	Data transcription and translation
10.	Data analysis
11.	Prepare final report
12.	Interpretation workshop (including preparation)

Minimum Deliverables

Proposal in response to RFP:

Please review Part 1 of this document for specific *Bidding Instructions and Procedures*

1. **Technical proposal** which highlights proposed methodology, sampling strategy, recruitment plan, data collection and management plan, data quality assurance plan, data analysis and reporting, and ethical considerations based on requirements described in this RFP
2. **Detailed workplan and timeline** describing time necessary to achieve milestones listed above. All deliverables will be expected to be completed no later than 65 days after award has been signed.
3. **Financial proposal** which includes detail cost breakdown and budget narrative
4. **Organization background** including manpower, capacity and experience

Upon award:

1. **Study Report** which highlights key study findings and conclusion,
2. **Transcripts and recordings** from the IDIs and FGDs,
3. **PowerPoint** which summarizes the key study findings and insights
4. **Consumer Journey Maps** for each service types and urban/rural breakdown, if relevant
5. **All research materials** used for the study