POPULATION SERVICES INTERNATIONAL (PSI)

REQUEST FOR PROPOSALS

FOR THE PROVISION OF PROFESSIONAL DATA COLLECTION AND ALANYSIS SERVICES: Private Outlet Analysis

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REQUEST FOR PROPOSAL (RFP) NO.	**:**	**101**
TO PROVIDE	**:**	**Data Collection and Analysis for the Private Outlet Analysis Research Study**
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 BY 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. 101

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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

Inquiries concerning this RFP must be submitted in writing, to be received by the date shown on the Cover Page as "**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 of work
- 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 if Company is proposing approach different from PSI
- Describe data collection plan including recruitment and field management strategies, protection of client confidentiality
- 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 RFP 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 clinics[1]. 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 objectives of this proposed research are to understand the competitive market within urban, rural and peri-urban Smiling Sun catchment areas. Private outlets including hospitals, clinics (with pharmacies and without) and stand-alone pharmacies (hereafter referred to as private outlets) will be surveyed.

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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.

Further criteria for the segmentation of each of these private outlets will be provided to the recruited agency. The initial segments will be revised based on the rapid listing of the private outlets that will be conducted as a part of this study. More details on this are described in the sampling section of this document. This will provide information on how SHN will determine its competitive advantage within Bangladesh's primary healthcare market and ensure quality services are accessible to the target population. Research on provider's motivation will not be included in this research. This information will be covered in a separate research activity.

This research will answer the following questions across urban, peri-urban and rural contexts and designated segments of private outlets:

1. Products and services available for clients. Products including pharmaceuticals as well as any consumer health goods. Services include all treatment and diagnostic services offered.
2. Pricing information. This includes listed prices, pricing policies and how information is communicated. Additionally, information on pricing scales available to different clients and additional fees.
3. Document individual and group insurance as well as payment packages.
4. Revenue generation sources. This will be inclusive of revenue from healthcare services as well as any external revenue generation sources.
5. How private providers to access capital to build their business and borrow money.
6. Customer acquisition strategies used by private outlets. This includes marketing efforts as well as strategies used to attract new clients
7. Documentation of referral linkages including how and where referrals are used.

Methodology: The data collection will focus on collecting responses to questions 1-8 via one-on-one interviews with medical officers and clinic managers. Both quantitative and a qualitative approach will be taken to answer these questions. While a larger sample of private providers will be sampled for the quantitative study, a smaller sub-sample will be selected for the qualitative study via purposive sampling for in-depth interview (IDIs). These one-on-one discussions will provide opportunity to gather insights on more personal subjects such as financial information.

Sampling Strategy: The study will use two phase sampling for the selection of the private outlets for the study. In the first phase, a list of high performing Smiling Sun clinics by urban, semi-urban and rural strata will be identified by the project as priority clinics for the study. Stratified random sampling with finite population correction will be used to draw a sample of Smiling Sun clinics from each urban, semi-urban and rural areas. In the next stage, 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 research agency will conduct a rapid listing of these areas to identify the number and segments of private outlets in each catchment areas. The recruited agency will begin with segments that will be provided to them by the project team and update the definitions for the segments based on the results of the rapid listing. This list will be used to develop a sample frame for the private outlets to be selected for the study.

The following formula will be used for calculating the total number of private outlets for the study[2]:

2 Sampling Manual for Facility Surveys for Population, Maternal Health, Child Health and STD Programs in Developing Countries. MEASURE Evaluation Manual Series, No. 3. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill. July 2001.

$$n = \frac{3.84 f}{V^2} \frac{q}{p}$$

n = required sample size
p = estimated prevalence = 0.5
q = 1 – p (the sample size is maximized when p and q (i.e. 1-p) = 0.5.
f = design effect (deff) = 1.2
V = relative variance (i.e. margin of error) = 0.1

Sample Size: Using the above formula, an estimated total sample of 461 private outlets will be selected for the study. The sample frame will be developed based on the number of private outlets found in the rapid listing and the segmentation categories to ensure appropriate representation. Probability proportionate to size (PPS) sampling will be used to select the final sample of the outlets from the segments. PPS is a method of sampling from a finite population in which a size measure is obtained for each population unit before sampling and where the probability of selecting a unit is proportional to its size. For example, if segment #1 has larger representation, higher number of sample would be selected from this segment.

For the qualitative approach, a sub-sample of the private providers will be selected purposively. The study will aim to conduct IDIs with 8-12 respondents from each of the defined segments of private outlets. For example, if five segments of providers have been identified after the rapid listing a total of 40-60 IDIs will be conducted. However, the study team will review data for each segment each day and re-assess the sample plan to establish when saturation point for key study questions has been reached. See **Table A.** The project team will work with research agency to establish a recruitment strategy for provider selection for IDIs.

Table A. Qualitative In-Depth Interviews

Segments	Number of IDIs
1	8-12
2	8-12
3	8-12
4	8-12
5	8-12
Total	40-60

IV. Data Collection and Management Procedures

Data collection tool: There are three data collection tools used this study: structured rapid listing questionnaire, structured quantitative questionnaire and semi-structured/open-ended in-depth Interview (IDI) guide for private outlet managers. A process of informed consent will be used to ensure voluntary participation in this study.

All IDIs 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.

Draft rapid assessment and survey questionnaires and discussion guides will be provided to the recruited agency. The recruited agency will work with the project team to test, revise and finalize these tools

Translation: Questionnaires, 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: Questionnaires and 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 questionnaires, discussion guidelines, ethics and sampling strategy . 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.

- **Quantitative Survey Interviews:** All interviews for the quantitative survey 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. Structured, close-ended questions will be utilized to collect information from the participants. Interviews will not be conducted in the presence of any influencers in order to ensure non-biased response and to preserve respondent confidentiality.

- **In-Depth Interviews:** All selected IDI respondents will receive an explanation about the additional interview which includes purpose, methods, and expectations for participation. No interviews will take place without written consent (including explicit consent for audio recording). Semi-Structured, open-ended interview questionnaires will be utilized to guide each interview session. IDIs will not be conducted in the presence of any of 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.

Recruitment of Study Participants: The study team will adhere to the REB approved sampling strategy developed by PSI. Agency will be work with PSI to develop sampling frame based on the rapid listing exercise. During the rapid listing agency will also seek private outlet's interest to participate in the study. Study participants will be selected from the list of private outlets who have provided initial consent to

be a part of the study. If any private outlet does not provide consent for study at the later stage, the agency will consult with PSI before deciding on replacement strategy. A recruitment strategy will be developed in collaboration with the study team and the recruited agency. The recruited agency will be provided with a recruitment script which it will adapt in collaboration with PSI staff. The recruited agency must adhere to all ethical considerations in recruitment of participants for all three phases of the study.

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

Research materials collected will include completed survey instruments (including the oral consent form signed by interviewer), audio recording, transcripts, 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 of Qualitative Data: 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 Analysis and Report Writing:

Qualitative:
With the support from PSI, the recruited agency will develop a coding framework for the qualitative data. 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 healthcare providers description of service packages (both products and services) available for clients and enabling factors for provider’s businesses including revenue generation sources, how providers access capital and acquire customers. Once the coding framework has been decided upon, translated transcripts from interviews will be coded using this framework and analyzed accordingly.

Quantitative:
With support of PSI, the agency will develop analysis framework for the quantitative data. Agency is also expected outline draft analysis plan in its proposal. The study team will then develop dummy tables which will form basis for data analysis and report writing.

Data Interpretation Session: The research agency and PSI staff will lead in data interpretation, where coded interview responses will be analyzed and interpreted collectively.

VI. Human Subjects and Ethical Consideration

This study has been determined to be “research” and will be initiated only after receiving written approval or written exemption from PSI REB. This study will comply with all policies and procedures of the Research Ethics Board. This study methodology has been designed to address the following ethical principles: respect for persons, beneficence and justice. Efforts are made to protect individual autonomy, minimize harm and maximize benefits and equitably distribute risks and benefits by using procedures that are consistent with sound research designs that take these issues into consideration.

PART 3:

SCOPE OF WORK

Minimum Requirements for Recruited Agency:

- Must have documented experience in executing quantitative and qualitative research studies
- 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
- 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.
- Experience conducting 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: IDI questionnaires/discussion guides, Quantitative Survey Questionnaires, 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 quantitative survey questionnaires
2.	Finalization of qualitative IDI questionnaires
3.	Translation of all data collection tools
4.	Testing of research tools in both urban and rural areas
5.	Selection and hiring of data collectors
6.	Enumerator training
7.	Recruitment of research participants
8.	Conducting rapid listing
9.	Data collection (both quantitative and quantitative)
10.	Data entry and cleaning
11.	Data analysis
12.	Prepare power point and final report
13.	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. Clean and fully labelled **study data in STATA**
3. **Transcripts and recordings** from all interviews,
4. **PowerPoint** which summarizes the key study findings and insights
5. **All research materials** used for the study