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**(Terms of Reference)**

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**End line study of the project – “Adolescent Sexual Reproductive Health Rights in Disaster Prone Areas of Bangladesh”****1. Background and Introduction**

Marie Stopes Bangladesh (MSB) is a global partner of Marie Stopes International, UK. MSB works with the mission to improve the sexual and reproductive health and well-being of women, men and adolescents in the urban and peri-urban areas of Bangladesh. At present it works in sixty two districts through its extensive clinical and outreach interventions. Moreover, MSB has significantly contributed as a technical partner by providing technical assistance to develop institutional capabilities of different organizations. MSB has been actively involved in the field of adolescent reproductive health and has had the experience of piloting and implementing projects specially designed for the youth and adolescents.

In that continuation, since 2015 Marie Stopes Bangladesh has been implementing a project titled “Adolescent Sexual Reproductive Health Rights (ASRHR)” with technical support of Plan International, one of the oldest and largest children's development organizations in the world. Plan International started its operation in Bangladesh in 1994 and since then it has been playing an important role in mobilising children, communities and civil society organisations to claim the rights of children and achieve agreed upon local development priorities, towards a commitment to ensuring the wellbeing of children in support of the United Nations Convention on the Rights of the Child (UNCRC).

The project is funded by The Swedish International Development Cooperation Agency (SIDA). The aim of the project is to contribute to improve adolescent sexual and reproductive health and right through sustainable solutions in Bangladesh. The project is being implemented for a period of thirty-six months. As the project is approaching towards the end of its duration, an end line study of the project is needed to be carried out to assess the outcomes as well as to identify the challenges. Based on key findings the study will provide necessary recommendations for future direction. To conduct the study a consultant/consulting firm will be engaged on behalf of Marie Stopes Bangladesh as per this Terms of Reference (TOR).

**2. Project overview**

Specifically the project goal is to contribute to strengthen CSO Network for Ensuring Adolescent Reproductive Rights and Services (NEARS) at national policy levels and supporting the implementation of the National Plan of Action for ASRH Strategy. The project also focused to create enabling environment at different types of schools including madrasas (religious educational institutions) for promoting and exchanging SRH knowledge by increasing teachers’ capacity and advocating with madrasa education board.

At present the project is implemented in all the seven unions of Patharghata Upazila under Barguna district covering thirty educational institutes. Of which sixteen are secondary schools and fourteen are madrasas. The project is covering 12,079 adolescent (10-19

year's age) students with ASRHR messages provided by trained school teachers. Of this number 8,879 are in schools (4,957 girls and 3,922 boys) and 3,200 adolescents in Madrasas (1,789 girls and 1,411 boys).

All teachers in intervening schools and madrasas are directly reached with ASRHR messages in the project intervention. The project also worked with madrasa education board, civil society organizations (NEARS<sup>1</sup> & its members), National Curriculum and Text Board (NCTB), Upazila health complex, Union Health and Family Welfare Centers (UH&FWC) workers, community leaders (religious leaders and Union Parishad chairman).

### **3. Objectives of the end-line study**

The broad objective of the study is to get an overview of the accomplishments made so far in relation to outcomes of the project against baseline situation.

Specific objectives of the study are as follows:

1. To assess percentage of adolescents in intervention areas are able to describe key issues<sup>2</sup> of ASRHR.
2. To assess the percentage of adolescents in intervention areas comfortable to discussing ASRH with parents, other adult family members and teachers.
3. To comprehend the percentage of teachers in intervention areas having knowledge and skills to teach ASRH.
4. To identify the proportion of sexually active adolescents in intervening areas using contraceptives.
5. To identify key barriers for adolescents to access ASRH information and services in intervening areas.
6. To assess health facilities (Upazila Health Complex and FWCs) in intervening areas having functional ASRH monitoring and supervision mechanism.
7. To assess the percentage of NEARS (Network for Ensuring Adolescent Reproductive Health, Rights and Services) members (representatives from NGOs those work for ASRHR at local and national level) have knowledge about the policy issues and key learning messages on ASRH.
8. To assess the percentage of NEARS members whether directly involved in planning, implementation, monitoring and advocating to promote ASRH in local and national level.
9. To know what extent ASRH issues incorporated in madrasa education curriculum and national teachers training curriculum.

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<sup>1</sup> NEARS refers Network for Ensuring Adolescent Reproductive Health, Rights and Services.

<sup>2</sup> Key issues of adolescents sexual and reproductive health rights (ASRHR) are: to know about changes in adolescent period, maintenance of personal hygiene in adolescent period, knowledge on legal age of marriage, knowledge about sexually transmitted infections (STIs), knowledge of adolescents about HIV/AIDS, knowledge about violence against girl/woman, knowledge about contraceptive methods

10. To identify the involvement of local government and religious leaders in the project implementation and know their contribution in respect of sustainability of ASRHR services.
11. To understand the reflection of principles and strategies of Plan's Child Centred Community Development (CCCD)<sup>3</sup> approach in the project.
12. To identify the gaps, lessons learnt from the project and to provide recommendation for future implementation.

#### **4. Methodological guideline**

The consultant/consulting firm is expected to develop an appropriate methodology to meet the objectives of the end line study. However, appropriate triangulation in data collection methods is anticipated in the proposed methodology as per need. There should be a comparative analysis of the variables with baseline value to reveal the outcomes of project initiatives. The methodology and relevant instruments should be adjusted in consultation of Marie Stopes Bangladesh and Plan International Bangladesh and finalised before implementation. The study should be carried out through involving the stakeholders of the project.

#### **5. Scope of work**

The assignment will preferably include, but not limited to:

- Review of necessary documents on ASRHR, madrsha education curriculum and national teachers training curriculum, child centre community development (CCCD) standards policy paper, available study on ASRHR assessment, including government reports and project documents.
- Develop an appropriate methodology, data collection instruments in consultation with Plan International Bangladesh and Marie Stopes Bangladesh and finalise the instruments by pretesting.
- Administer data collection in the study area that includes supervision, cross validation, quality control and data transcription.
- Engage qualified enumerators, train them on quantitative and qualitative data collection and quality control.
- Data management and analysis in terms of coding, computer entry, cleaning, transcription and analysis as pre study variables/themes in the objectives.
- Prepare a study brief in both Bangla and English with the consultation with Plan International Bangladesh and Marie Stopes Bangladesh.

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<sup>3</sup> Child centred disaster risk reduction (DRR) process refers that children and youth group are involved in the process of urban risk assessment that includes the assessment of vulnerability, risk, hazard in case of disaster and take necessary disaster preparedness beforehand.

## 6. Expected competency

Expected competency of the consultant/consulting firm includes:

- Expertise in conducting quantitative and qualitative study in the area of ASRHR.
- Should have clear understanding on the challenges of administering data collection in hard-to-reach areas of rural Bangladesh.
- Knowledge of Bangladesh's health service delivery system of Government.
- Experience and knowledge on different policies and guideline for ASRHR.
- No history of violation of child rights.
- Good track record and reputation of conducting similar end-line study for reputed national and international organization.
- Capacity to provide necessary training to human resource for carrying out data collection, quality control (reliability) and data entry management.

## 7. Deliverables and timeframe

Total duration of the assignment is 45 days after signing of the agreement. The methodology and work plan will be reviewed and approved by Plan International Bangladesh and Marie Stopes Bangladesh. It is anticipated that the first draft report will be produced within eight weeks of signing of the agreement. The final report should be submitted after ten days of receiving feedback. Follow up meetings will be held time-to-time between the contracted consultant/consulting firm and both of the organisations.

The report should have the following structure:

- Title page
- Acknowledgments
- Executive summary
- List of acronyms
- Table of contents and lists of figures and tables
- Introduction
- Background
- Methodology
- Results (it should be organised as per study objectives)
- Discussion and conclusions with recommendations.
- References
- Annexes

The deliverables are in the following:

- An inception report containing final methodology and work plan within five days of signing of the agreement.
- Study instruments (both in Bangla and English) pretested, finalised and printed.
- Draft report containing detailed findings, well blended qualitative and quantitative analysis on findings.
- Presentation of key study findings to different stakeholders and finalise the report based on feedback.
- Final report should be submitted in two copies with spiral binding along with soft copy in MS Word (in a CD). The report should be delivered in acceptable English. The consultant will arrange for proof reading, if required to maintain the quality.
- All field notes and the data set (in SPSS) with layout and code list should be submitted.

## 8. Mode of payment

The payment will be made in three instalments:

Instalments	Percentage	Timeline
First instalment	30	After receiving the inception report
Second instalment	30	After receiving the first draft report
Final instalment	40	Upon submission of the final report

## 10 . Evaluation criteria and scoring

Criteria	Score
Appropriate methodology to address the study objectives	40
Relevant competency of team leader and team composition	40
Amount of budget and justification	20

## 11. Preparation of proposal

The proposal will be divided into two parts and should be submitted in two separate folders i.e. technical and financial. The technical part of the proposal should not exceed 10 pages and will contain the following:

- Detailed methodology of the study.
- Detailed timeframe (including dates for submission of first draft, dissemination of findings and final report).

- Account of experience of conducting survey and employing qualitative methods.
- CVs of the team leader and key members of the study team which reflect relevant experience to conduct the study.
- Copy of VAT registration certificate (for consulting firm).
- Copy of valid TIN certificate and bank account detail.

The financial proposal should clearly identify, item wise summary of cost for the assignment with detail breakdown. The budget should not contain income tax as a separate head; it can be blended with the other costs as it will be deducted from the source. However, VAT can be mentioned in the budget as per government regulation. The organisation will deduct VAT and Tax at source according to the GoB rules and deposit the said amount to government treasury. The consultant/consulting firm is expected to provide justified budget which is consistent with technical proposal.

## 12. Submission of proposal

The technical and financial proposals (hard copy) should be submitted to the Member Secretary, Procurement Committee, Marie Stopes Bangladesh and only technical proposal should be mailed to [mahfuz@mariestopesbd.org](mailto:mahfuz@mariestopesbd.org) with **End line study of the project – “Adolescent Sexual Reproductive Health Rights in Disaster Prone Areas of Bangladesh”** as subject line. Proposal submitted to any other email account except this and in hard copy will be treated as disqualified. Submissions after the deadline **28<sup>th</sup> of February, 2018** will be treated as disqualified.

## Penalty clause

The consultant/consulting firm is expected to provide services within time frame as well as submit the final report maintaining the quality as mentioned in section 7. If the quality is not maintained as mentioned in section 7, Plan International Bangladesh will deduct 5% of the total agreement amount. If for any reason, the consultant/consulting firm fails to deliver services within stipulated time, the consultant/consulting firm needs to inform Plan International Bangladesh well ahead of time with valid and acceptable explanation. Failing to this may evoke penalty clause at the rate of 1% for each day of delay.

## 13. Contact person

For any further queries please communicate to Md. Shawkat Hossain, Project Manager-MSB and/or Dr. Ananya Asad, Assistant project Manager-ASRHR Project, Plan International Bangladesh, to the following email address : [mshawkat@mariestopesbd.org](mailto:mshawkat@mariestopesbd.org), [ananya.asad@plan-international.org](mailto:ananya.asad@plan-international.org). respectively

## 15. Ethical Considerations

There will be nothing in the study which may be harmful for respondents regarding legal or medical ground. No one would be forced to provide information for the study. The objectives will be clearly explained to all the respondents of the study before gathering data from them. The evaluators will be abstained from collecting data from those who will deny or show any kind of disinterest in providing information. Thus, verbal/written consent of the respondents should be taken before collecting data. Confidentiality of data should be maintained and in the report name of the respondents should not be revealed.

## **16. Intended users of evaluation**

The Country Management team of Plan and MSB, project team and staffs of Sweden National Office will use the evaluation findings and lessons learning. The evaluation may also input to develop the next grant proposal, be used by the grants, communication department and programme staff for their monitoring, or contribute to wider learning within the sector.

## **17. Bindings**

All documents, papers and data produced during the assessment are to be treated as Plan International Bangladesh property and restricted for public use. The contracted consultant/consultant firm will submit all original documents, materials and data to country office of Plan International Bangladesh.

## **18. Negotiations**

Once the proposal are evaluated organization may enter into negotiation with one or more than one consultant/ consulting firm for final selection. If negotiations fail, organization will invite consultant/consulting firm whose proposal received and was the next highest score to negotiate a contract. If none of the invited proposals led to an agreement fresh Requests for Proposals (bidding document) will be called.

## **19. Award of contract**

The consultant/consulting firm expected to commence the assignment within one week of signing contract.

## **20. Child Protection Policy**

The individual shall comply with the child Protection Policy of Plan International Bangladesh. Any violation /deviation in complying with Plan's child protection policy will not only result-in termination of the agreement but also Plan will initiate appropriate action in order to make good the damages/losses caused due to non-compliance of Plan's Child Protection Policy.