

*Request for Proposals No: 1659-XX*

**Conduct an interim monitoring survey of the maternal nutrition program under Right Start in selected districts and city corporations in Bangladesh**

**Issued by the Nutrition International “NI” (formerly known as the Micronutrient Initiative)**

**Deadline for receipt of proposals at the NI:**

***Saturday, June 23, 2018***  
***16:30 Bangladesh Standard Time***  
***2018***

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## **1. RFP NOTICE**

### **1.1. Request for Proposals – Procurement Notice**

Nutrition International (NI), a non-profit agency dedicated to eliminating vitamin and mineral deficiencies worldwide, invites proposals from competent agencies to undertake "Conduct an interim monitoring survey of the maternal nutrition program under Right Start in selected districts and city corporations in Bangladesh". The submission deadline for proposals is **Saturday, June 23, 2018**.

## **2. INTRODUCTION TO THE RFP**

- 2.1. Nutrition International (NI) is an Ottawa-based, international not-for-profit organization dedicated to ensuring that the world's most vulnerable people, especially women and children in developing countries get the vitamins and minerals they need to survive and thrive. Working with impacted families, communities and nations, we are improving lives of close to 500 million people in more than 70 countries across Asia, Africa and Latin America. Supported by the Global Affairs Canada (GAC), Government of Canada and other generous donors. Since 1996, Nutrition International has been a lead nutrition partner in Bangladesh, especially for women and young children. NI is well acknowledged by the government for the support it brings to many national level programs including Vitamin A supplementation, Universal Salt Iodization, IFA for maternal health and Zinc and ORS for childhood diarrhoea management, Rice Fortification program for Vulnerable Group Development (VGD) program, etc. NI's support is well integrated within the government systems and we are able to utilize government platforms well
- 2.2. This Request for Proposals (RFP) and particularly the Guidelines for Preparing Proposals that follow, are designed to help Respondents to produce proposals that are acceptable to NI and to ensure that all proposals are given equal consideration. It is essential, therefore, that Respondents provide the complete information that is requested, and in the formats and on the terms specified.

## **3. GENERAL INSTRUCTIONS AND CONSIDERATIONS**

- 3.1. These instructions should be read in conjunction with information contained in the enclosed Terms of Reference (TOR), and in any accompanying documents within this package.

This Request for Proposals (RFP) to provide NI with relevant information for "Conduct an interim monitoring survey of the maternal nutrition program under Right Start in selected districts and city corporations in Bangladesh"

- 3.2. NI is not bound to accept the lowest priced, or any, proposal. NI reserves the right to request any (or all) Respondent(s) to meet with NI to clarify their proposal(s) without commitment, and to publish on its website answers to any questions raised by any Respondent (without identifying that Respondent).
- 3.3. Respondents are responsible for all costs associated with proposal preparation.

#### 4. CONFLICT OF INTEREST

- 4.1. Respondents must disclose in their proposal details of any circumstances, including personal, financial and business activities that will, or might, give rise to a conflict of interest. This disclosure must extend to all personnel proposed to undertake the work.
- 4.2. Where Respondents identify any potential conflicts they must state how they intend to avoid any impact arising from such conflicts. NI reserves the right to reject any proposals which, in NI's opinion, give rise, or could potentially give rise to, a conflict of interest.
- 4.3. With respect to this condition, please be advised that the organizations that may fall within the scope of this evaluation will include those below, with which any association must be disclosed:
  - a) Nutrition International (NI)
  - b) the Donor who is the primary funding source for the procurement

#### 5. GENERAL DISCLOSURES

- 5.1. Respondents must disclose:

- 5.1.1 If they are or have been the subject of any proceedings or other arrangements relating to bankruptcy, insolvency or the financial standing of the Respondent including but not limited to the appointment of any officer such as a receiver in relation to the Respondent personal or business matters or an arrangement with creditors or of any other similar proceedings.

- 5.1.2 If they have been convicted of, or are the subject of any proceedings, relating to:

- a) Criminal offence or other offence, a serious offence involving the activities of a criminal organization or found by any regulator or professional body to have committed professional misconduct.
    - b) corruption including the offer or receipt of any inducement of any kind in relation to obtaining any contract, with the NI, or any other contracting body or authority
    - c) failure to fulfil any obligations in any jurisdiction relating to the payment of taxes

#### 6. SUBMISSION OF PROPOSALS

- 6.1. The technical and financial proposal along with all requisite documentation must be received in English by NI no later than **Saturday, June 23, 2018**.

The Technical and Financial Proposal in two separate files put into a covering email specifically indicating the subject line "Conduct an interim monitoring survey of the maternal nutrition program under Right Start in selected districts and city corporations in Bangladesh" and should be sent to Email: [proposalsbangladesh@nutritionintl.org](mailto:proposalsbangladesh@nutritionintl.org). Financial proposal must be shared in excel as well as PDF format with detailed break up and justification.

- 6.2. For any clarification required, please write an email on following email address: [proposalsbangladesh@nutritionintl.org](mailto:proposalsbangladesh@nutritionintl.org)

- 6.3. Only email bids will be accepted. Only those short-listed will receive an acknowledgment and will be called for a personal interaction, at their own cost. The interaction will be held at the Nutrition International office in Bangladesh.

6.4. Late proposals will not be accepted in any circumstances. Proposals received after the due date and time will not be considered.

**7. RECEIPT, EVALUATION AND HANDLING OF PROPOSALS**

7.1. Once a proposal is received before the due date and time, NI will:

- 7.1.1. Log the receipt of the proposal and record the business information
- 7.1.2. Review all proposals and disqualify any non-responsive ones (that fail to meet the terms set out in these instructions), and retain the business details on file with a note indicating disqualification
- 7.1.3. Evaluate all responsive proposals objectively in line with the criteria specified below
- 7.1.4. Inform respondents within 15 business days of the evaluation decision being made.

7.2. NI reserves the right:

- 7.2.1. To accept or reject any and all proposals **and/or to annul** the RFP process prior to award, without thereby incurring any liability to the affected Respondents or any obligation to inform the affected respondents of the grounds for NI's actions prior to contract award, and
- 7.2.2. To negotiate - with Respondent(s) invited to negotiate - the proposed technical approach and methodology, and the proposed price based on the Respondent's proposals.
- 7.2.3. Amend this RFP at any time

**8. SELECTION CRITERIA**

8.1. Following criteria will be adopted to short list the proposals and identify suitable agencies for the assignment. Out of the total scores 60% weight is assigned to technical and 40% to the financial proposal.

<b>Scoring of Proposals: Selection of Technical Agency/NGO</b>	
<b>Assessment Category: Technical Proposal</b>	<b>Weights</b>
<b>Qualification of Firm (A)</b>	
Previous experience on undertaking similar assignments	50%
Availability of adequate and skilled (education and work experience) team members for carrying out the assignment	30%
Clear methodology and field plan	20%
<b>Total Score - Technical Proposal</b>	<b>100%</b>
<b>Overall weightage – Technical – 60%</b>	
<b>Assessment Category: Financial Proposal</b>	
Takes into consideration all potential expenses (i.e. no obvious omissions)	40%
Reasonable estimate for each of the component/activity (training, staff fees, travel, printing of formats etc.)	35%
Reasonable estimate for NGO or Agency administrative costs	25%
<b>Total Score - Financial Proposal</b>	<b>100%</b>
<b>Overall weightage – Financial – 40%</b>	
<b>Total Weighted Score (Technical – Financial)</b>	

- 8.2. The Evaluation Team may, in its sole discretion, establish a short-list of Respondents based on the Technical Scores of the Respondents (the “Short-listed Respondents”) for the purpose of conducting interviews. If NI short-lists the Respondents, it will short-list the Respondents with the highest scores.
- 8.3. Only the Short-listed Respondents will be interviewed. The number of Respondents short-listed for an interview is in the sole discretion of NI.
- 8.4. Interviews of Short-listed Respondents will be carried out by the Evaluation Team or a sub-group of the Evaluation Team. The Evaluation Team will score each Short-listed Respondent based on the quality of the Respondent’s interview (the “Interview Score”).
- 8.5. The successful Respondent will be expected to enter into a Contract with NI for the duration of the work. In the event of a Contract award, all the terms and conditions of the RFP, including the Respondent’s response, will normally form part of the Contract.

## **9. GUIDELINES FOR PREPARING PROPOSALS**

- 9.1. **Language:** Proposals must be submitted in English.
- 9.2. **Structure:** Proposals must be set out in three main parts:
  - Part 1: Covering Letter and Declaration
  - Part 2: General and Technical Proposal
  - Part 3: Financial Proposal

### **Part 1: Covering Letter and Declaration**

Proposals must be accompanied by a covering letter on company-headed paper showing the full registered and trading name(s), trading and registered office address and business number of the Respondent. The letter must be signed by a person of suitable authority to commit the Respondent to a binding contract. It must quote the RFP number and title, and include the following declarations:

- a. We have examined the information provided in your Request for Proposals (RFP) and offer to undertake the work described in accordance with requirements as set out in the RFP. This proposal is valid for acceptance for 6 months and we confirm that this proposal will remain binding upon us and may be accepted by you at any time before this expiry date.
- b. We accept that any contract that may result will comprise the contract documents issued with the RFP and be based upon the documents submitted as part of our proposal.
- c. Our proposal (Technical and Financial) has been arrived at independently and without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any other Respondent to or recipient of this RFP from NI.
- d. All statements and responses to this RFP are true and accurate.
- e. We understand the obligations regarding Disclosure as described in the RFP Guidelines and have included any necessary declarations.

- f. We confirm that all personnel named in the proposal will be available to undertake the services.
- g. We agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs.
- h. I confirm that I have the authority of [insert name of NGO/company/agency] to submit this proposal and to clarify any details on its behalf.

## **Part 2: General and Technical Proposal**

The General and Technical section should be structured as follows:

**Section 1:** Your understanding of the TOR provided with this RFP as Annexure A. You may also propose qualifications to the TOR that you consider may enhance the value of the outcome to NI.

**Section 2: Technical Response:** a concise description of the methodology, tools and approach that are proposed for the delivery of the TOR and an implementation plan in the form of a work breakdown analysis. This should describe the activities to be undertaken, the deliverables / outputs and the milestone and completion dates (grouped by phase where appropriate). The dependency of any activities and associated results on earlier results needs to be clearly indicated.

**Section 3: Personnel Profile:** names, designation and *Curricula Vitae* (CV) of personnel assigned to work on the Project. CVs must not exceed 3 pages, but must include:

- a brief summary of the professional competencies of the individual relevant to the Scope of Work/TOR
- a chronological list of relevant professional experience starting with the most recent and showing key achievements / responsibilities
- brief details of qualifications educational / technical / professional / other
- language competencies other than English (if required to undertake the ToR)

**Section 4: Personnel Inputs:** include name of personnel, and person days with reference to activity to be undertaken. Do not include any reference to fees. This will constitute a confirmation that all personnel will be available to provide the required services for the duration of the contract.

**Section 5: Company Information:** proof of incorporation for registered incorporated entities, proof of registration for registered entities/ valid FCRA registration certificate to receive foreign funding's in case of an NGO. Previous experience: documentation demonstrating the Respondent's experience in the proposed area of work. This should include contact details for key clients who may be contacted in respect of the Respondent's relevant prior work.

### **Section 6: Required Qualifications of the agencies:**

- The organization should have prior experience of conducting similar assignments. For further details, please refer to Attachment A (ToR), point # 9 (Detailed Qualification of Research Team).

- The organization should have a well-qualified team and field presence in the districts
- Experience of working with an international organization and/or government organization is desirable.
- Availability of team members with technical expertise on population based survey on public health nutrition
- Availability of skilled team members for data analysis and report writing
- Availability of efficient program management and financial system with strong internal control mechanism in place.
- Experience in providing consulting services and excellent track record of completion of tasks according to time lines.
- Good liaison with health department at state and district level.

### **Part 3: Financial Proposal**

- a. The Financial proposal must contain the expected budget with detailed break-down for accomplishing the complete work including taxes. **All amounts quoted must be in BDT** the Respondent should provide a detailed budget, based on the format attached as both in Excel and PDF format. The budget should be accompanied with necessary working and budget notes.
- b. Fees should be inclusive of all insurance and standard business overheads.
- c. Please note that no fees are payable for travel days.

## **ANNEXURE A**

### **TERMS OF REFERENCE**



## **Conduct an interim monitoring survey of the maternal nutrition program under Right Start in selected districts and city corporations in Bangladesh**

### **1. Introduction**

Anaemia has been a long standing public health problem in Bangladesh, particularly amongst the children and women. Anaemia affects 49.6% of pregnant women, 51.3% children under five years of age, 48.6% of adolescent girls (15-19 years) and 40% of non-pregnant women (non-pregnant and non-breastfeeding women) (BDHS, 2011). Despite the implementation of Iron Folic Acid (IFA) supplementation program since 1988 for pregnant women by both the health and family planning wings of the Ministry of Health and Family Welfare (MoHFW) there has been no significant change in the anaemia levels among pregnant women in the country. However, IFA supplementation remains as the one of the few interventions available to combat anaemia during the critical period of pregnancy.

Nutrition International (NI) has worked with the Institute of Public Health Nutrition/National Nutrition Services (IPHN/NNS) to demonstrate a model for strengthening the existing IFA supplementation program through community clinic level MoHFW health workers and family visitors. Since 2011, NI has supported sub-national IFA programs, now in four districts – Gaibandha, Jamalpur, Barisal, and Jessore, to be extended to Sunamganj, Kishoreganj, Noakhali, Bogra, Sirajganj, and Sherpur. Along with the activities described below, the IFA intervention will now be functional in ten districts.

NI will work with Directorate General of Health Services (DGHS), Directorate General of Family Planning (DGFP) and Community Clinic/ RCHCIB under MOHFW, the City Corporation/Municipality under the Ministry of Local Government, and Control of Iodine Deficiency Disorders (CIDD), Bangladesh Small and Cottage Industries Corporation (BSCIC), under the Ministry of Industries (MOI) to improve the nutritional status of pregnant women through increased coverage and adherence to nutrition related services.

NI is a member of Nutrition Working Group (NWG) and Civil Society Alliance of Scaling up Nutrition (CSA-SUN). NI is also taking part in the development of nutrition, food security, family planning, and other MNCH-related sections of the next sector Program of the MOHFW.

To support above mentioned activities, NI is commissioning an interim survey with the key objective to measure the coverage and utilization of IFA supplements during pregnancy, key Knowledge, Attitude and Practices (KAP) indicators among pregnant women and health care providers, and the availability and chain of IFA supply at health facilities.

### **Objectives**

The overall objective of this consultancy is to establish interim estimates of knowledge, attitudes and practices among pregnant women and health workers regarding antenatal care and IFA supplementation and causes and consequences of anaemia and interpret the findings to inform the program strategies described above for implementation in the project area.

### **Specific objectives of the study**

The specific objectives of the study are to:

1. Estimate Ante Natal Care (ANC) coverage
2. Estimate coverage and adherence of IFA among pregnant women
3. Assess knowledge, attitudes and practices of pregnant women regarding anaemia and IFA supplementation.
4. Assess knowledge of health supervisors and workers regarding causes and consequences of anaemia and benefits and dosage of IFA supplementation

### Research Questions

It is envisaged that the survey will help in answering the following questions related to the IFA supplementation program in Bangladesh:

Respondents: Recently delivered women with an infant less than one year (0 to 11 months post-partum)

1. What is the coverage and adherence of IFA among recently delivered women with an infant less than one year of age, as reported for their last pregnancy?
2. What is the level of knowledge of anaemia and IFA supplements (cause/ cure/ prevention and dose, duration and benefits) among these women?
3. What is the number and timing of ANC visits, as reported by these women for the most recent pregnancy?
4. What is the frequency of counseling and home visits by health workers, during pregnancy and early postpartum?
5. What is the level of awareness among the women regarding side effects from consuming IFA and their knowledge of methods to overcome side effects?
6. What are the reasons for non-adherence to daily IFA supplement consumption during the recommended duration, as reported by women?
7. What are the sources of IFA tablets in the community, free and for sale?
8. What program components have the strongest influence on the adherence of IFA tablets among pregnant women?

Respondents: Health workers/ supervisors

9. What is the level of knowledge of health supervisors and workers regarding causes and consequences of anaemia?
10. What is the level of knowledge of health supervisors and workers regarding the benefits of IFA supplementation?
11. What is the level of knowledge of IFA dose, duration and benefits, methods to overcome side effects among health workers and supervisors?
12. What type and amount of training, if any, has been received by the health workers and supervisors regarding IFA, including stocks, reporting (HMIS), distribution and counseling?
13. What is the status of availability and use of BCC materials by the health workers and what are their suggestions for improving these materials?
14. Are there any stock outs of supplies of IFA at the frontline distribution centers and what are the reasons for these stock-outs?

### Study Design

A onetime point cross-sectional survey design will be adopted for the study. The survey will be conducted in the program areas only. Each respondent will be selected according to the protocols described below:

Target Respondents: The target respondents will be recently delivered women with an infant less than one year (0 to 11 months post-partum) and health care service providers and health workers. The study locations are districts of Gazipur, Munshigonj, Tangail, Comilla, Bagerhat, Khulna – slum of City Corporation, Pabna, Rajshahi, Rajshahi – slum of City Corporation, Dinajpur, Hobiganj, Bhola.

- Dhaka Division: Gazipur, Munshigonj, Tangail
- Chittagong Division: Comilla
- Khulna Division: Bagerhat, Khulna – slum of City Corporation
- Rajshahi Division: Pabna, Rajshahi, Rajshahi - slum of City Corporation
- Rangpur Division: Dinajpur Sylhet Division: Hobiganj Barisal Division: Bhola

### SAMPLE SIZE CALCULATION

The main indicator of interest for the study is the increase in percent of women who receive four or more ANC visits assumed to 0.5. The computations are based on a two-tailed hypothesis that there will be a difference in coverage between two components at a 5% significance level with 95% confidence level. The sample has been adjusted by a design effect of 1.5 to account for the multi-stage sample selection and incremented for a 10% probable non-response rate.

The sample size for the survey works out to 640 women with an infant less than one year of age per domain. The indicator used for sample size estimation is the per cent of women 0 to 11 months post-partum with a live birth who have received ANC by skilled health provider at least 4 times during the last pregnancy at the broader domain and 160 per domain at the district or CC level. The following formula has been used for computing the sample size: The sample size for the overall domain of the project area in the 1st year and 2nd year has been computed at a precision to fall within 10% of the true proportion, which comes to 607 per domain, while the sample size for at the specific district / CC level has been computed is at a precision of a resulting estimate to fall within 10% point of the true proportion with 95% confidence, which comes to 160 per domain. The following formula has been used for computing the sample size:

$$n = \frac{z_{1-\alpha/2}^2 P(1-P)}{d^2}$$

Source: *Adequacy of sample size in health studies* by Lemeshow, S., Hosmer, D.W., Klar, J. and Lwanga, S.K. World Health Organization.

**Table 1: Sample size for 0 to 11 months post-partum women with an infant less than one year of age**

Indicator : percent of women who received four or more ANC visits	Required sample with $\alpha=0.05$ & $\beta=0.90$ and an assumed design effect of 1.269 incremented for 10% probable non-response	Clusters
<b>Program area</b> (First year five districts as per CIP: Munshiganj, Bagerhat, Comilla, Habiganj, Pabna as per Country Implementation Plan)	5*160=800 (160 per location)	80
<b>Program area</b> (Second year five districts : Dinajpur, Bhola, Gazipur Rajshahi, Tangail and two city corporations as per the Country Implementation Plan)	7*160= 1,120 (160 per location)	112
Total	1,920	192

**Cluster and household selection:** The total sample for the project area of first year five districts will be allocated equally between the ten program districts and two city corporations of 160 each. The selection of the clusters in the program districts / city corporations in the divisions will be conducted using the probability proportionate to size (PPS) method. This means that each district is divided into geographical areas; the lowest level possible that has available population data. The names of all areas are then listed with their respective populations. The total population is divided by the number of clusters to obtain the sampling interval. A random number is selected using a computer generated random number table to determine the first cluster. It is proposed to take 10, (0 to 11 months) post-partum women per cluster and hence 16 clusters will be sampled by this method in a district/ city corporation to achieve the required sample size. Each subsequent cluster is determined based on the sampling interval. The sampling of households within clusters will be done by dividing the clusters into natural segments of approximately 150-200 households each. One segment from these segments will be selected randomly. The selected segment will be house-listed and households with a recently delivered woman (15-49 years of age) delivered in the last one year.

#### **Knowledge, Attitude and Practice (KAP) Study among Health Workers**

In addition to the collection of data from respondents from households, the evaluation will include a sub-study of KAP among health workers in the five districts. A set of semi-structured questionnaires will be administered to each service providers. The field teams will visit the related health facility of each cluster

for interview with health workers and for collection of data relating to stock of IFA. There will therefore be around 192 health workers (1 health assistant and 1 family welfare assistant per cluster) in each district and 64 community health care providers (CHCP). In addition to the post-partum women, Health Workers (HWs) will also be interviewed. The proposed sample is as follows:

**Table 2 : Sample of health workers to be interviewed**

Respondents	Number
Health Assistant (HA)	192
Family Welfare Assistant (FWA)	192
Community Health Care Provider (CHCP)	64

In addition to the women, health workers and providers, health officials will also be interviewed. The proposed sample is as follows:

**Table 3 : Sample of health officials/ providers to be interviewed**

Respondents	Number
Civil Surgeon (10 districts + 2 CCs)	12
Deputy Director, Family Planning	5
Director, Community clinic project	1
SACMO	5
District Extenders (NI)	1*10=10

### Indicative information areas

This section presents illustrative information to be collected and questions which need to be answered as part of this survey. The consultant will present the draft tools for review by NI and finalize after field testing and incorporating comments from NI.

**Table 4 : Indicative areas of enquiry**

Recently delivered woman		
1.	Consent	
2.	Identifiers	<ul style="list-style-type: none"> <li>• District</li> <li>• Upazilla</li> <li>• Union</li> <li>• Village</li> <li>• Cluster number</li> <li>• Name and Age of Household Head</li> <li>• Name and age of Respondent Mother</li> </ul>
3.	Household and Respondent Characteristics	<ul style="list-style-type: none"> <li>• Literacy of Respondent</li> <li>• Literacy of Husband</li> <li>• Relation of respondent to head of household</li> <li>• Highest class completed by respondent</li> <li>• Highest class completed by husband</li> <li>• Size, age and sex composition of household</li> <li>• Membership in micro-credit organization</li> <li>• Exposure to mass-media and types of mass media, interpersonal communication, social media</li> <li>• Source(s) of household income</li> </ul>

		<ul style="list-style-type: none"> <li>• Religion of respondent, source of household drinking water; kind of household toilet facilities</li> <li>• Type of fuel used for cooking</li> <li>• Assets owned by household (television, radio, cycles, rickshaws, almirahs, showcases, cot/bed, clocks, sewing machines, motorcycles, mobile phones, tube-wells, livestock) and whether currently functioning</li> <li>• Construction material used for house (ground floor, walls, roof, kitchen)</li> <li>• Number of living rooms</li> <li>• Presence of household electricity</li> <li>• Any additional socio-economic indicators to be included as per the Bangladesh Demographic &amp; Health Survey (BDHS) for the computation of Wealth index for distribution of the sampled households by wealth quintiles.</li> </ul>
<b>4.</b>	<b>Ante-natal Care (ANC)</b>	
	Pregnancy Registration	<ul style="list-style-type: none"> <li>• Recent pregnancy registered</li> <li>• Type of health worker who registered the pregnancy; where, type of services</li> <li>• Month running (i.e. gestational age) when pregnancy was registered</li> <li>• Information given during pregnancy registration; only relevant to anaemia identification prevention, IFA supplementation</li> </ul>
	Knowledge	<ul style="list-style-type: none"> <li>• Did respondent hear about iron tablets?</li> <li>• Knows about correct dosage of iron tablets</li> <li>• Aware of benefit of taking IFA during pregnancy</li> <li>• Aware of methods of taking IFA to avoid negative side effects</li> </ul>
	ANC	<ul style="list-style-type: none"> <li>• Whether the woman received ANC?</li> <li>• How many ANC did she receive during the last pregnancy?</li> <li>• What services were provided (IFA tablets, blood-pressure, weight, vaccination status)?</li> <li>• What advice was given (nutrition during pregnancy, anaemia, IFA supplements, methods to overcome side effects)?</li> <li>• At what gestational age first home-based ANC visit occur, if any?</li> <li>• How many times was the respondent visited by health worker to check on her pregnancy?</li> <li>• Was PNC mentioned during ANC visits?</li> <li>• What was mentioned about PNC during ANC visits? (timing, breastfeeding, iron intake in the postpartum period)</li> </ul>
	IFA	<ul style="list-style-type: none"> <li>• Which pregnant women state their intention to adhere to daily IFA supplements throughout their next pregnancy?</li> <li>• Did respondent take iron tablets during last pregnancy?</li> <li>• How many times did she receive the full recommended dosage of IFA?</li> <li>• How many tablets did she receive each time?</li> <li>• From where did respondent obtain IFA tablets; private or public sector?</li> <li>• How many IFA tablets did the respondent consume during the whole pregnancy?</li> <li>• For how many days did respondent consume IFA tablets during the pregnancy period?</li> </ul>

		<ul style="list-style-type: none"> <li>• At what gestational age did respondent begin taking IFA tablets;</li> <li>• Did she have any side effects?</li> <li>• Did any health worker visit her during the pregnancy? If yes, who visited and what was conveyed during the visit...?</li> <li>• In which trimester did the health worker visit?</li> <li>• Did the service provider counsel you on benefits, dosage and side effects of IFA tablets?</li> <li>• Pregnant women who can identify at least one way to manage side effects of taking daily IFA supplements/</li> <li>• Did the woman have any problems in adherence? Reasons for non-adherence</li> <li>• Did the woman face any trouble with the supply?</li> <li>• Was the supply free or did the woman buy the tablets? If yes, what was the cost?</li> <li>• Future intention to consume IFA post-delivery?</li> </ul>
	IEC	<ul style="list-style-type: none"> <li>• Pregnant women exposed to behavior change messaging on anaemia and IFA supplementation.</li> </ul>

For community health workers (HA, FWA, FWV) the illustrative information to be collected include;

Community Health Workers		
1.	Consent	•
2.	Identifiers	<ul style="list-style-type: none"> <li>• District,</li> <li>• Upazila,</li> <li>• Union</li> <li>• Village</li> <li>• Cluster number,</li> <li>• Name and Age of Community Health Worker (CHW),</li> <li>• Type of CHW (FWV, FWA, HA),</li> <li>• Number of households in CHWs catchment area,</li> <li>• Date of interview, Name of Interviewer,</li> </ul>
3.	CHW Characteristics	<ul style="list-style-type: none"> <li>• Age of CHW;</li> <li>• Highest class completed by CHW;</li> <li>• Duration of service as CHW; Year CHW received basic CHW training;</li> <li>• Primary functions/activities performed by CHW;</li> </ul>
4.	CHW catchment area	<ul style="list-style-type: none"> <li>• Number of households,</li> <li>• Reproductive aged women and children &lt;5 years and total population in CHWs catchment area;</li> <li>• Size of catchment area in square kilometers</li> </ul>
5.	CHW trainings	<ul style="list-style-type: none"> <li>• Number, duration and dates of trainings attended on nutrition (e.g. vitamin A, IFA),</li> <li>• Attending birth,</li> <li>• Maternal and newborn health in the past 3 years</li> </ul>
6.	Pregnancy Services	
6a	Pregnancy Surveillance, Registration and	<ul style="list-style-type: none"> <li>• In the 12 months preceding the survey:</li> <li>• Number of pregnant women and births seen by CHW (verify by examining CHWs log);</li> </ul>

	Home based services/advice	<ul style="list-style-type: none"> <li>• Number of pregnant women visited at home to provide ANC counseling and/services (verify by examining log);</li> <li>• Type of services/advice provided during home visits to pregnant women (e.g. iron tablets,</li> <li>• What communication materials are used for IFA and what is the perception of their effectiveness</li> <li>• Do they have trouble with supplies;</li> <li>• Do they counsel the husband / family members;</li> <li>• Were other family members present during the counseling, who.</li> </ul>
6b	Clinic-based ANC Visit	<ul style="list-style-type: none"> <li>• In the 12 months preceding the survey:</li> <li>• Number of pregnant women and births seen by health worker at community clinic/community nutrition centers/Family Welfare Clinic;</li> <li>• Type of services/advice provided to pregnant women during clinic visits (e.g. blood pressure measurement, weighing of woman, providing iron tablets, providing advice on birth preparedness, breast feeding, etc);</li> <li>• Do they have trouble with supplies;</li> <li>• Use of communications materials for counseling</li> <li>• Knowledge regarding benefits of consuming IFA</li> <li>• Knowledge on methods to overcome side effects</li> <li>• Development of micro-plans, group counseling, tracking of coverage.</li> </ul>
7	Observed any improvement in the last one year and what contributed towards it?	<ul style="list-style-type: none"> <li>• Contribution of training to the improvement</li> <li>• Contribution of improvement in supply situation</li> <li>• Contribution of IEC</li> <li>• Contribution of home visits and counseling</li> </ul>

**Table 5 : List of indicative key indicators for GAC reporting: Indicative not exhaustive (additional indicators could be added later)**

Indicators	First year project areas	Second year project areas	Combined project area unweighted	Combined project area weighted
<b>Primary Indicators (Key Outcomes)</b>				
<b>IFA RECEIPT AND CONSUMPTION COLLECTED FROM WOMEN 0-11 MONTHS POSTPARTUM FOR THEIR RECENT PREGNANCY:</b>				
<b>1300.1 Received-ANY</b> (a) Total # and % of pregnant women who received ANY IFA supplements from NI-supported delivery platforms in the past year.				
<b>1300.1 Received-at least 90</b> (b) Total # and % of pregnant women who received at least 90 IFA supplements from NI-supported delivery platforms in the past year.				
<b>1300.1 Received-at least 150</b> (c) Total # and % of pregnant women who received at least 150 IFA supplements from NI-supported delivery platforms in the past year				
<b>1300.1 Consumed-ANY</b> (d) In areas supported by NI, total # and % of women who reported to consume ANY IFA supplements during their previous pregnancy.				
Number and percent (%) of pregnant women consuming 90+ tablets of IFA <b>1300.1 Consumed-at least 90</b> (e) In areas supported by NI, total # and % of women who reported to consume at least 90 IFA supplements during their previous pregnancy.				
<b>1300.1 Consumed at least 150</b> (f) In areas supported by NI total # and % of women who reported to consume at least 150 IFA supplements during their previous pregnancy				
<b>1300.1a ANC Coverage-at least once</b> Antenatal Care coverage: % of women aged 15-49 with a live birth who received ANC by a skilled health provider at least once during pregnancy				
<b>1300.1b ANC Coverage-at least 4 times</b> Antenatal Care coverage: % of women aged 15-49 with a live birth who received ANC by a skilled health provider at least 4 times in pregnancy				
<b>1310.1 Beneficiaries-Knowledge-IFA</b> In areas supported by NI, % and # of pregnant women consulted in a KAP survey who can describe one benefit or reason for consuming IFA supplementation during pregnancy.				
<b>1320.1 Beneficiaries-Practice-IFA</b> In areas supported by NI, % and # of pregnant women consulted in a KAP survey who can explain how to				



overcome at least one typical barrier to consuming IFA supplements during pregnancy.				
<b>1210.1 Providers-Knowledge-IFA</b> In areas supported by NI, % and # of providers consulted in a KAP survey who can describe at least three benefits or reasons for consumption of IFA during pregnancy.				
<b>1220.2 Providers-Practice-IFA</b> In areas supported by NI, % and # of providers able to correctly identify how to overcome at least two typical barriers to IFA consumption by pregnant women (counseling skills)				
<b>1312.2 BCI Exposure IFA</b> In areas supported by NI, % and # of pregnant women who have been exposed to BCIs about daily IFA supplements throughout pregnancy.				
<b>FACILITY ESSENTIAL</b>				
<b>1200.1 Stock Quantity-IFA</b> (a) In areas supported by NI, % of contact points that experienced a stock out of IFAs at any point during the year (average of the monthly/quarterly monitoring).				
<b>1200.1 Stock Quality – IFA</b> (b) In areas supported by NI, % of contact points (community/facility) with IFA supplements adhering to local standards at the time of monitoring visit. (standards may be related to packaging, dose per tablet, etc.)				
<b>1200.1 Stock Adequacy-IFA</b> (c) % of targeted women for whom adequate supply of IFAs were procured				

**Qualifications of the Research Team:**

- a) Nutrition epidemiologist with PhD level training and more than 5 years of experience (or Master’s degree and 10 years’ experience) in designing and conducting epidemiological studies. A track record for publications in high impact peer reviewed journals is a plus. This individual will directly guide the development and implementation of this survey, in collaboration with and upon approval from NI.
- b) Maternal and child health expert with more than 5 years of experience in conducting maternal and newborn health research and programs. A track record for publications in high impact peer reviewed journals is a plus. This individual will provide technical guidance on tools and data collection related to the maternal and newborn components of questions for women and as relevant for health facilities, health services and health posts.
- c) Statistician with more than 5 years of experience in data management and expertise in design and analysis of quasi-experimental studies and/or program evaluations. The statistician will be responsible for developing the data analysis plan, ensuring data collection tools are adequate for the approved collection methodologies and for conducting or supervising quantitative data management and cleaning and data analysis according to the approved plan.
- d) One of the above will also be an expert in qualitative data collection, transcription, coding and interpretation or an additional team member will be included who is such an expert. This individual will lead on reviewing all qualitative questionnaires and guides, and will supervise required training of staff conducting KII/ FGD and implementation of qualitative activities including entry, coding and analysis using appropriate software program such as Nvivo or Atlas Ti. This individual will ensure that all qualitative questionnaires and guides are approved by NI prior to implementation.

The survey team will be responsible for having the licenses for both qualitative and quantitative data analysis software. The survey team's up-to-date CVs with current level of time commitment and previous/current grants must be provided to NI as annex to the project proposal.

### **Deliverables**

The following deliverables are to be submitted in hard copy and electronic form by the firm/ consultant as the implementation progresses to the NI:

1. Timeline to complete the survey
2. Nearly final tools for approval by NI prior to translation and pre-testing
3. Ethical clearance with proof of certification for each of the core team members on research methods among human subjects (such as free online NIH training)
4. Plan and materials for training interviewers and supervisors, including particular methods for qualitative data collection, ethical considerations and standardizations.
5. Training Manuals for investigators and supervisors
6. Sampling plan ensuring representation of different geographic areas and types of health workers
7. Final tools in English and Bangla after incorporating revisions after pretesting and final review by NI and other partners
8. Field procedures manual in English and Bangla
9. Cleaned and labeled quantitative datasets in SPSS format, with codebook for all variables
10. Transcribed and coded qualitative interview transcripts
11. Report of assessment finalized after review by NI
12. Power Point presentation summarizing the key findings
13. A four page brief of the study for dissemination purposes including the introduction, methods, survey design and study location, sample size, conclusions and recommendations

### **Report Outline**

The selected agency/ consultant will submit to NI a report which has the following sections / chapters:

1. Executive summary (not more than three pages)
2. Introduction (not more than four pages)
3. Study design including all methods applied (not more than five pages)
4. Key quantitative findings from interview of recently delivered women not more than four pages)
5. Key qualitative findings from interview of health providers and workers and officials (not more than six pages)
6. Conclusion and Recommendations (not more than four pages)
7. Annexures: Questionnaires, supplementary information in support of the body of the report: additional tables of quantitative findings, additional quotes/ verbatim/ case studies or summaries of findings from qualitative research

The agency/ institution/ consultant will submit a draft report to NI for review at least two weeks prior to the final due date and will finalize this report after incorporating suggestions and comments from NI.

### **Timeline**

The selected agency for this consultancy will adhere to the following timeline. The timeline is in reference to the time of signing the contract with NI. It is expected that period of consultancy will be 36 weeks and the final report will be finalized within this period. A period of 24 weeks has been allocated for the activity of ethical clearance considering the precedence of the time taken to obtain ethical clearance from the National Research Ethics Committee of Bangladesh Medical Research Council (BMRC) in earlier surveys.

**Table 6: Tentative Timeline**

	Weeks																																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
<b>Translating and Pretesting data collection instruments and sampling plan</b>																																						
<b>IRB clearance</b>																																						
<b>Training of investigators</b>																																						
<b>Data collection</b>																																						
<b>Data entry and analysis</b>																																						
<b>Report writing and finalization</b>																																						

**ANNEXURE- B****BUDGET TEMPLATE\***

Conduct an interim monitoring survey of the maternal nutrition program under Right Start in selected districts and city corporations in Bangladesh					
	Particulars	Person Days/Unit	Unit Rate	Total	Remarks
			(in BDT)	(in BDT)	
A	PROFESSIONAL FEES				
	Sub Total of A				
B	FIELD DATA COLLECTION COST				
B1	Data Collectors				
	Sub Total of B1				
B2	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance)				
	Sub Total of B2				
B3	DAILY ALLOWNACE/LODGING EXPENSES/PERDIEM				
	Sub Total of B3				
	Sub Total of B (B1+B2+B3)				
C	In-Country Travel (Travel expenses for Professional staff from base station to states /districts)				

		Sub Total of C			
D	OFFICE EXPENSES				
		Sub Total of D			
E	DISSEMINATION EXPENSES				
		Sub Total of E			
G	TOTAL OF DIRECT COST (B+C+D+E+F)				
I	Total including Personnel Cost (A+G)				
J	Management Cost (%)				
K	Total including Management cost (J+K)				
L	Applicable VAT (%)				
M	ETHICAL CLEARANCE FEE (%)				
N	GRAND Total including VAT, Management cost and Ethical clearance				

\*Add rows under sub-heads in relevant sections, as required.