

Request for Proposals No: 10-1531

A cross-sectional end-of-project coverage survey of the Project “Scaling up the use of Zinc and ORS in the treatment of diarrhoea among children 0-59 months old to reduce child morbidity and mortality in 27 districts of Bangladesh”

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

**Deadline for receipt of proposals at the NI:
Sunday, September 2, 2018, 11:00 HRS. Bangladesh
Standard Time**

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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 organizations or agencies to conduct a cross-sectional end-of-project coverage survey of the Project **A Cross Sectional end-of-project coverage survey of the project “Scaling up the use of Zinc and ORS in the treatment of diarrhoea among children 0-59 months old to reduce child morbidity and mortality in 27 districts of Bangladesh”**. The submission deadline for proposals is the Sunday, September 2, 2018, 11:00 HRS, BST.

2. INTRODUCTION TO THE RFP

Nutrition International “NI” (formerly known as the Micronutrient Initiative), a renowned International Development organization based out in Ottawa, Canada, has a commitment to improve global nutrition by implementing interventions that focus on women and children in developing countries. NI aims to generate innovative and sustainable solutions to improve nutrition among women, newborns, and children. It builds on robust evidence-based research and evaluation in order to demonstrate excellent return on investment of scaling-up highly cost-effective nutrition interventions. NI aspires to be a global center of excellence in technical and programmatic support in this field.

Bangladesh continues to have high Infant Mortality Rate and Under Five Mortality Rate at 38 and 46 per 1000 live births, respectively¹. Approximately 7% of deaths in children under 5 years of age are due to diarrhoea². Bangladesh was one of the first countries globally to pilot the use of zinc supplementation and ORS distribution in the treatment of childhood diarrhoea. However, in spite of the Scaling Up Zinc for Young Children with Diarrhoea (SUZY) project, funded by the Bill and Melinda Gates Foundation, zinc coverage rates remained low, at 34%¹.

NI Bangladesh demonstrated a model for strengthening zinc supplementation and ORS distribution in the treatment of diarrhoea among children 0-59 months in two low performing districts³ (Gaibanda and Barishal) of Bangladesh to improve child survival. The project strategy focused on planning and advocacy meetings with GoB, capacity building of district and sub-district level managers, strengthening monitoring and supervision and use of behaviour change intervention (BCI) strategy. This demonstration project showed an improvement in coverage of zinc and ORS among diarrhoeal children from 16% at baseline to 48% at endline. Adherence to the complete schedule of 10 days increased from 39% at baseline to 47% at endline. Provision of zinc for diarrhoeal treatment from public sector facilities increased significantly and the knowledge of the benefits of zinc and of proper treatment of childhood diarrhoea with zinc and ORS increased among both caregivers and health workers during the project period.

In view of the promising results of the demonstration program, NI scaled up the best practices identified through the demonstration program in additional districts as per request of Primary Health Care under Directorate General of Health Services (PHC, DGHS).

¹ National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2014. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International

² WHO and Maternal and Child Epidemiology Estimation Group (MCEE), estimates 2018

³ Districts with high infant mortality and high diarrhoeal disease outbreaks

The scale up program was implemented in 27 districts in a phased manner with nine districts being initiated in the first year of the program followed by eight districts in the second year and ten districts in the third phase. Results from survey of scaling up areas also showed promising results in terms of coverage and adherence. Now as the program is moving towards end, an end-of-project survey is planned to assess the coverage of Zinc and ORS in the 27 districts where program support was provided.

NI is planning to conduct an end of the program coverage survey entitled **A cross-sectional end-of-project coverage survey of the Project “Scaling up the use of Zinc and ORS in the treatment of diarrhoea among children 0-59 months old to reduce child morbidity and mortality in 27 districts of Bangladesh”** in participation with caregivers of children of age 0-59 months who had diarrhoea in the last two weeks, health officials and frontline workers and supervisors.

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.
- 3.2. This Request for Proposals (RfP) to provide NI with relevant information to conduct a cross-sectional end-of-project coverage survey of the Project **“Scaling up the use of Zinc and ORS in the treatment of diarrhoea among children 0-59 months old to reduce child morbidity and mortality in 27 districts of Bangladesh”**
- 3.3. 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).
- 3.4. 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 Sunday, September 2, 2018, 11:00 HRS, BST.

6.2 The detailed financial budget need to be submitted as per format attached as annexure 3 (can add extra rows/budget lines as per your requirement).

The Technical and Financial Proposal in two separate files put into a covering email specifically indicating the subject line "Proposal on conducting – A cross-sectional end-of-project coverage survey of the Project - Scaling up the use of Zinc and ORS in the treatment of diarrhoea among children 0-59 months old to reduce child morbidity and mortality in 27 districts of Bangladesh" and should be sent to Email: proposalsbangladesh@nutritionintl.org

6.3 For any clarification required, please write an email at proposalsbangladesh@nutritionintl.org

6.4 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 Dhaka, Bangladesh.

6.5 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. Out of the total scores 60% weight is assigned to technical and 40% to the financial proposal (see Table 1 below).

Table 1: Proposal Scoring Criteria

Scoring of proposals: Selection of Technical Agency/NGO				
Assessment Category: Presentation and discussion	Weights	Proposals		
Capacity of Firm (A)	50%	0.0	0.0	0.0
Agency's previous experience on undertaking similar assignments	30%			
Experience of Team members assigned for carrying out the study	20%			
Recognition and acceptance of firm among stakeholders	30%			
Adequate Professionals / Staff / Resources	20%			
Realistic Plan and ability to accomplish the task (B)	50%	0.0	0.0	0.0
Firm's clarity about methodology to be adopted to undertake the study	20%			

Firm's plan for completing the study	25%			
Firm's ability to complete the task as per NI expectation mentioned in the TOR	25%			
Firm's realistic timelines to accomplish the entire work	30%			
Total Score - Technical Proposal (A+B)	100%	0.00	0.00	0.00
Overall weightage – Technical – 60%				
Assessment Category: Financial				
Presented reasonable estimate of fees	25%			
Takes into consideration all potential field expenses (i.e. no obvious omissions)	30%			
Presented realistic estimate for field expenses	25%			
Reasonable estimate for completing the research, analysis, report writing expenses	20%			
Total Score - Financial Proposal	100%	0.00	0.00	0.00
Overall weightage – Financial – 40%				
Total Weighted Score (Technical + Financial)		0.00	0.00	0.00

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.

8.6. Only top 5 technically qualified/rated agencies shall be reviewed for their financial budgets.

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 individual consultant/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 Annexures 1. You may also propose qualifications to the TOR that you consider may enhance the value of the outcome to NI. These improvements needs to be summarily highlighted in the proposal.

Section 2: Technical Response: a concise description of the 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. The proposal need not include the methodology for the samples estimation as the same is already included in the RFP.

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

Section 5: Company Information: proof of incorporation for registered incorporated entities, proof of registration for registered entities valid registration certificate needs to be submitted along with the proposal. 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:

- 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.
- e) Agency should have excellent reporting and writing skills.
- f) Previous experience working with NI is an asset.

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.

Part 3: Financial Proposal

- a. The Financial proposal must contain the expected budget for accomplishing the complete work including taxes which may be liable with detailed break-down. **All amounts quoted must be in BDT.** The Respondent should provide a detailed budget, based on the format attached as Annexure-3.
- b. Fees should be inclusive of all insurance and standard business overheads.
- c. Please note that no fees are payable for travel days.

ANNEXURE 1
TERMS OF REFERENCE

A cross-sectional end-of-project coverage survey of the Project

“Scaling up the use of Zinc and ORS in the treatment of diarrhoea among children 0-59 months old to reduce child morbidity and mortality in 27 districts of Bangladesh”

Introduction to Nutrition International:

Nutrition International “NI” (formerly known as the Micronutrient Initiative), a renowned International Development organization based out in Ottawa, Canada, has a commitment to improve global nutrition by implementing interventions that focus on women and children in developing countries. NI aims to generate innovative and sustainable solutions to improve nutrition among women, new borns, and children. It builds on robust evidence-based research and evaluation in order to demonstrate excellent return on investment of scaling-up highly cost-effective nutrition interventions. NI aspires to be a global center of excellence in technical and programmatic support in this field.

Project Background:

Bangladesh continues to have high Infant Mortality Rate and Under Five Mortality Rate at 38 and 46 per 1000 live births, respectively⁴. Approximately 7% of deaths in children under 5 years of age are due to diarrhoea⁵. Bangladesh was one of the first countries globally to pilot the use of zinc supplementation and ORS distribution in the treatment of childhood diarrhoea. However, in spite of the Scaling Up Zinc for Young Children with Diarrhoea (SUZY) project, funded by the Bill and Melinda Gates Foundation, zinc coverage rates remained low, at 34%⁶ NI Bangladesh demonstrated a model for strengthening zinc supplementation and ORS distribution in the treatment of diarrhoea among children 0-59 months in two low performing districts⁷ (Gaibanda and Barishal) of Bangladesh to improve child survival. The project strategy focused on planning and advocacy meetings with GoB, capacity building of district and sub-district level managers, strengthening monitoring and supervision and use of behaviour change intervention (BCI) strategy. This demonstration project showed an improvement in coverage of zinc and ORS among diarrhoeal children from 16% at baseline to 48% at endline. Adherence to the complete schedule of 10 days increased from 39% at baseline to 47% at endline. Provision of zinc for diarrhoeal treatment from public sector facilities increased significantly and the knowledge of the benefits of zinc and of proper treatment of childhood diarrhoea with zinc and ORS increased among both caregivers and health workers during the project period.

In view of the promising results of the demonstration program, NI scaled up the best practices identified through the demonstration program in additional districts as per request of Primary Health Care under Directorate General of Health Services (PHC, DGHS).

⁴ National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International

⁵ WHO and Maternal and Child Epidemiology Estimation Group (MCEE), estimates 2018

⁶ National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International

⁷ Districts with high infant mortality and high diarrhoeal disease outbreaks

The scale up program was implemented in 27 districts in a phased manner with nine districts being initiated in the first year of the program followed by eight districts in the second year and ten districts in the third phase. Results from survey of scaling up areas also showed promising results in terms of coverage and adherence. Now as the program is moving towards end, an end-of-project survey is planned to assess the coverage of Zinc and ORS in the 27 districts where program support was provided.

This ToR outlines the scope and activities to be carried out an end-of-program survey in 27 districts.

Overall Objective:

The overall objective of this end-of-project survey is to assess the coverage of zinc and ORS among children 0-59 months who had diarrhoea in the past last two weeks. The specific objectives of the survey are as follows:

1. To estimate the diarrhoea prevalence in 27 districts of Bangladesh among the children of age 0-59 months
2. Measure coverage of zinc and ORS during diarrhoeal episodes of children aged 0 to 59 months.
3. Quantify the level of knowledge, attitude and practice among caregivers of children 0-59 months regarding diarrhoea management.
4. Quantify the level of knowledge, attitude and practice among providers (public and private) regarding diarrhoea management.

Key Research Questions:

The key research questions are as follows:

1. What percent of caregivers of children 0-59 months who had diarrhoea in the last two weeks sought care for the child's diarrhoea outside the home?
2. What percent of caregivers of children 0-59 months who had diarrhoea in the last two weeks who sought care for the child's diarrhoea outside the home went to the public sector?
3. What percent of caregivers of children 0-59 months who had diarrhoea in the last two weeks who sought care for the child's diarrhoea in the public sector received zinc along with ORS?
4. What percent of caregivers of children 0-59 months who had diarrhoea in the last two weeks who sought care for the child's diarrhoea outside the home went to the private sector?
5. What percent of caregivers of children 0-59 months who had diarrhoea in the last two weeks who sought care for the child's diarrhoea in the private sector received zinc along with ORS?

6. What percent of caregivers of children 0-59 months who had diarrhoea in the last two weeks who sought care for the child's diarrhoea outside the home report giving the child zinc along with ORS to treat diarrhoea?
7. If the caregiver received zinc tablets for the treatment of this case of diarrhoea, how many zinc tablets did the child consume?
8. What are caregiver perceptions/knowledge regarding the benefits of zinc and of the use of zinc and/or ORS for diarrhoea treatment?
9. If caregivers received zinc for their child during a previous case of diarrhoea, what, if any, information/ instructions did they receive from the provider?
10. What is the level of knowledge, skills and practices of frontline workers, first line supervisors and district and sub-district level managers regarding diarrhoea treatment with zinc and ORS?
11. What is the level of knowledge, skills and practices of Gram doctors regarding diarrhoea treatment with zinc and ORS?
12. What are the sources of diarrhoea treatment in program districts during the program period?
13. What is the source of zinc and ORS?
14. What are the reasons for non-compliance of zinc and ORS?
15. Do health workers visit caregivers during diarrhoea episodes and counsel them? What is the quality of the counseling?
16. How are zinc and ORS supplies managed at the frontline distribution points (re/ordering, supply levels, monitoring), have there been stock-outs in the past, and what is the current stock level in facilities?

Study Design:

A one-time cross sectional survey design will be adopted for the study.

Study Area: The study area comprises of 27 districts.

Target Respondents:

The target respondents will be care-givers of children 0- 59 months of age. The other respondents for the survey will be the Health Assistants (HAs), Family Welfare Assistants (FWAs), Community Health Care Providers (CHCPs) and their supervisors and Gram⁸ doctors of the sampled clusters for the household survey.

⁸ Village (Gram) doctors (Gram daktars in Bangla language) are semi-qualified or non-qualified allopathic practitioners, drug vendors and practitioners of non-allopathic or mixed systems of medicines.

Sample Size:

The main indicator of interest considered here is coverage, defined as the percent of children aged 0 to 59 months with any episode of diarrhoea in the past month, who were treated with zinc and ORS. The sample size is powered to estimate the coverage of Zinc and ORS in 27 program districts at the end of the program. Considering the current coverage estimate of 34% for Zinc and ORS at national level (BDHS,11), the sample size has been computed to estimate the coverage at 5% precision and 95% confidence level. It has been adjusted by a design effect of 1.5 to account for the multi-stage cluster sample selection. The sample has also been adjusted for response rate of 90% and diarrhoea prevalence of 9.3%.

With these assumptions the survey reaches out to a sample of 6188 Households with a child aged 0-59 months who had an episode of diarrhoea in last two weeks preceding the survey. Research firms are requested to allocate the sample size to different districts in proportion to the population of the district.

The list of districts to be surveyed is provided in annexure 1.

Assumptions	A cluster of 27 NI supported districts in Bangladesh
Proportion of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc, BDHS 2011 at the national level	0.341
1-p	0.659
d	0.05
Z	1.96
Z Square	3.8416
p*(1-p)	0.224719
d square	0.0025
Sample size per domain	345
Assumed Design effect (DEFF)	1.5
Sample Size	518
Probable response rate considered	90%
Sample size adjusted for probable response rate	575.52
Proportion of children under age 5 with diarrhoea in the last 2 weeks, BNMS 2011-12	0.093
Adjustment factor for diarrhoea prevalence based on BNMS, 2011-12 estimate	10.75
Sample size adjusted for diarrhoea prevalence	6,188
Mean household size (4.4,Census 2011, Bangladesh)	4.4
U5 children in Bangladesh (10.46%, Bangladesh census 2011)	10.46
Average number of children 0-59m per household	0.460
Households required to reach the sample of caregivers	13,446

Cluster and household selection:

The agency needs to suggest the method of cluster and household selection.

Knowledge, Attitude and Practice (KAP) Study among Health Officials, Supervisor, frontline workers and Gram Doctors:

In addition to the collection of data from respondents from households, the survey will include a sub-study of KAP among health supervisors, frontline workers, Gram doctors including data relating to stock of zinc tablets and ORS. Interviews will be conducted with district level officials to get the insights into the program. The following sample of health officials, supervisors, frontline workers and Gram doctors will be interviewed:

Sample of Health managers, health supervisors, workers Gram doctors to be interviewed

Respondents	Number
Civil Surgeon	27
Deputy Director (Family Planning)	27
Upazilla Health and Family Planning Officer	14
Upazilla Family Planning Officer	14
Frontline Workers (FWA, HA and CHCP, SACMO)	108
Health Supervisors (HI, AHI, FWV, and FPI)	108
Gram Doctors	100

Research firm is expected to suggest the allocation of sample for Health Workers.

Informed consent process:

The informed consent process can take on various forms:

- Signed informed consent is the standard expectation in research with human participants. This is in the form of a document with the elements of informed consent, signed and dated by the participant and kept as a record by the researcher.
- In research with children (individuals 15- 18 years old), assent of the child and parental permission are standard requirements, *if applicable*.
- In some circumstances, investigators can seek alternatives to standard informed consent procedures, such as:
 - A waiver of using a signed consent form (e.g., giving participants an information sheet but not collecting signatures)

- A waiver of written consent (e.g., using oral consent procedures)
- A waiver of some or all of the elements of informed consent (e.g., in research that involves deception)

It is not uncommon for a research project to involve one or more of the above scenarios. Both consent and assent involve informing potential participants about the research and its risks and benefits, and documenting their understanding and agreement to participate. The reason the different terms are used has to do with the age of the participants. In research involving **adults**, "**consent**" is obtained from individuals to participate in the study. In research involving minors, a parent must give permission to allow the child to participate in the research, and **children** who are able to understand information about participation are asked to "**assent**" or agree to participate as well.

Ethical considerations and other approvals:

The survey team will be responsible for submission of the tools and protocols for ethical and government review and approval by recognized ethics committee and appropriate government agencies. Training cannot commence until these approvals have been received and certified. The selected team must also demonstrate how ethical considerations will be handled along with the security and confidentiality of data collected. Training and supervisory activities must also demonstrate how these will be addressed. The survey team will obtain approval from appropriate internationally recognized ethical review committee and local government officials prior to implementing the survey. Training will include ethics training and exercises as approved by NI.

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 yrs 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 the baseline 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 new-born 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 new-born 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 IDIs /KIIIs / FGDs 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.
- e) The survey agency needs to submit previously carried out study reports similar to the current study.

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 as the implementation progresses to NI:

1. Timeline to complete the survey and reporting
2. Tools before pre-testing
3. Final tools after translation and incorporating revisions after pre-testing
4. Ethical clearance certificate and ethics training certificates by lead team members
5. Training Plan for investigators
6. Sampling plan ensuring representation of different areas and health workers
7. Final tools in English and Bangla after review by Nutrition International and other partners
8. Field operation guidelines for the team
9. Data collection Plan
10. Two datasets in SPSS/ PASW and csv format along with codebook with both raw and created variables: (1) raw dataset, and (2) cleaned and labelled dataset; along with the soft file used for data entry along with data dictionary
11. Coded Transcripts
12. MP3 audio files for FGDs and IDIs and Nvivo project file, if Nvivo is used

13. Preliminary draft report
14. Power point presentation summarizing the key findings
15. A brief summary report of ~8-10 pages
16. A full report of ~50 pages
17. A four page brief of the study including objectives, methodology and key findings
18. Division level brief for health officials
19. Dissemination of Findings

The agency/ consultant will submit a draft report to NI for review and will be finalized after incorporating suggestions and comments from NI. The selected agency will also have to report progress of the study on weekly basis to NI's country office.

Report Outline:

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

1. Executive summary
2. Introduction
3. Study design
4. Key findings from interview of caregivers
5. Key findings from interview of health officials, supervisors, frontline workers and Gram doctors
6. Conclusion and Recommendations

The agency/ consultant will submit a draft report to NI for review and will be finalized after incorporating suggestions and comments from NI.

Timeline:

Research firm is required to submit a timeline to be complete the survey and report the findings by December 2018

ANNEXURE 2
LIST OF DISTRICTS TO BE SURVEYED

Sl. No.	Districts	Sl. No.	Districts
1	Barguna	15	Moulvibazar
2	Bogra	16	Mymensingh
3	Chuadanga	15	Narail
4	Feni	18	Natore
5	Gazipur	19	Netrokona
6	Jamalpur	20	Noakhali
7	Jessore	21	Pabna
8	Jhalokathi	22	Patuakhali
9	Joypurhat	23	Satkhira
10	Kishorganj	24	Sherpur
11	Kustia	25	Sirajganj
12	Laxmipur	26	Sunamganj
13	Madaripur	27	Sylhet
14	Meherpur		

ANNEXURE 3
TEMPLATE OF BUDGET

SI No	Particulars	No of persons	Person Days/Units	Rate (BDT)	Total (BDT)	Remark
A	SALARIES/PROFESSIONAL FEES					
	Professionals (position wise break up)					
	Sub Total					
B	FEES FOR THE SURVEY TEAM					
	Field Staff/Consultants (position wise break up)					
	Sub Total					
C	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance					
	Local Conveyance for field work					
	Local Conveyance for Professional Staff					
	Local Conveyance for Field Researchers					
	In-Country Travel (Travel expenses for Professional staff from base station to states/districts:					
	Air Travel					
	Train Travel					
	Travel By Road					
	DAILY ALLOWANCE					
	Professional staff					
	Field researcher					
	Sub Total					
D	RESEARCH TOOL DEVELOPMENT					
	Ethical clearance fees					
	Pretesting of the tools					
	Translation of Tools					
	Hiring of TAB and Development of software (CAPI/ ODK Collect)					
	Training cost for the data collection team					
	Sub Total					
E	Data Collection (Listing and Survey)					
	Survey Supervisors					
	Lister and Interviewers					
	Sub Total					
G	Office and communication expense					
	Stationery and communication					
	Sub Total					
	Subtotal (A - G)					
H	Management Cost @%					
I	Tax @%					
	Grand Total (A - I)					

Note: Budget should be shared in excel file.