**Terms of Reference**

**Perception and attitude among young people and community gatekeepers towards gender equality and young peoples’ sexual and reproductive health and rights in project areas of Bangladesh.**

**1. Background and introduction.**

Founded over 80 years ago, Plan International is one of the oldest and largest children's development organizations in the world. Plan International plays 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).

Plan International works in fifty-two developing countries across Africa, Asia and the South America, and twenty-one countries raise funds to support these efforts. Plan International's stated Global Strategic Goal is to reach as many children as possible, particularly those who are excluded or marginalized, with high-quality programs that deliver long-lasting benefits. Children are at the heart of everything we do.

Plan International started its operation in Bangladesh in 1994. Presently under country strategy IV Plan International Bangladesh is implementing programmes in six thematic areas. In recent years, as part of its country strategy Plan International Bangladesh has focused more to implement projects on sexual and reproductive health issues among youths. The notable donors of these projects are European Commission, UNFPO, Canadian SIDA and USAID. Plan International Bangladesh has gathered good reputation for successfully implementing all this projects through partners.

In that continuation, in 2015 Plan International Bangladesh has launched a project titled “Creating an enabling environment for young people to claim and access their sexual and reproductive health rights in Bangladesh” with the financial support from European Union and sida. The overall outcome of the project is to create an enabling environment for young people to claim and access their sexual and reproductive health rights in Bangladesh. Although the outcome indicators in log frame of the project was sufficient to cover project’s achievement however still there was gap found in result oriented monitoring (ROM) report of European Union delegation. It was reported that project’s log frame did not adequately capture what attitudes and beliefs underlying behavioural change were being impacted and why through the project’s actions. Moreover, project beneficiaries were not reporting and ascribing remarkable changes in beliefs and attitudes to the project. If the project does not capture more about the impact of its intervention on changing attitudes and beliefs, then an important opportunity to understand the dimensions of such change will be missed.

Under this backdrop, Plan International Bangladesh has planned for a research to capture the project’s impact on positively changing attitudes and beliefs. To conduct the research a consultant/consulting firm will be engaged on behalf of Plan International Bangladesh as per this Terms of Reference (TOR).

**2. Project overview**

In Bangladesh, one third of the country’s total population (approximately 52 million) are adolescents and youth (Source: Bangladesh Population and Housing Census, 2011, BBS). This cohort represents the next wave of community leaders in Bangladesh. However, as adolescents enter into their sexual and reproductive years, they encounter an array of health and social vulnerabilities that can compromise both their immediate and long-term health and economic prospects. For this reason, it is crucial that reproductive health services and especially proper information are available to adolescents. The project that is being implemented in four Upazilas of three districts is addressing these key factors in adolescent sexuality as well as competing priorities. Through this, 10-24 year old young people are being enabled to make informed decisions, could access accurate information and quality services for sexual and reproductive health in Barguna Sadar and Amtali of Barguna through South Asia Partnership-Bangladesh, Panchari of Khagrachari through Young Power in Social Action and Itna of Kishoreganj district through Marie Stopes Bangladesh. The key interventions of the project are as follows-

* Knowledge and skills development among 1,42,263 young people through comprehensive sexuality education involving youth clubs and community outreach workers;
* Positive parenting education for around 4,000 parents and in-laws;
* Around 9,99,398 community people to aware through theatre for development;
* Strengthen SRHR component in teachers training curriculum;
* Policy advocacy to strengthen delivery of AFHS;
* Mobilisation of 930 CSO members to advocate for young people’s SRHR;
* Delivery of SRHR services through satellite and SRHR counselling and referral services through helpline;
* Support Directorate General of Family Planning in piloting AFHS through UH & FWCs and CCs in project areas; and
* Increasing accountability of health system to deliver AFHS through community scorecard.

The project approach includes disseminating the appropriate messages of the sexual & reproductive health right’s issues, to embrace a number of strategies to reach the targeted population such as BCC sessions among the adolescent in the youth club and the community; Life Skills, Peer Education, Comprehensive Sexuality Education through schools, health service providers, and peer-to-peer information. Through participation models (93 youth clubs/31 youth forum) youth are better enabled to access and demand better health information and services and contribute to monitoring and quality assessment of services.

**Project overall objective:** To improve the sexual and reproductive health status of all young people in Bangladesh, including socially excluded youth from hard the reach areas, through ensuring universal access to sexual and reproductive health services and information.

**Specific objective:** To enable young people, 10-24 years old, to make informed decisions, access accurate information and quality services for sexual and reproductive health in Barguna, Khagrachari and Kishoreganj by 2018.

**Expected Results:**

Result 1: Young people, including the most vulnerable, are able to make informed decisions, have access to information and services for sexual and reproductive health in the targeted areas.

Result 2: National and Local government institutions have improved their implementation of the national adolescent sexual reproductive health strategy in the target areas

Result 3: CSOs have the capacity to facilitate sexual reproductive health information and youth friendly health service in target areas.

Result 4: An accessible, inclusive youth-friendly quality health service is available at local health facilities in the target areas.

**Key interventions of the project:**

* Knowledge development among young people through comprehensive sexuality education and life skills education, positive parenting education for parents, IEC material development, formation and mobilization of youth groups.
* Inclusion of sexual and reproductive health rights in teachers training curriculum; advocacy/meetings with local government authority for National Adolescent Reproductive Health Action Plan implementation; Sub granting for policy dialogues/advocacy on Adolescent Reproductive Health, Technical advisory groups, capacity building local government institutions for quality monitoring and supportive supervision.
* Mobilisation of civil society organizations' members, capacity building on key topics; orient and mobilize management committees of government’s service delivery points, Union Parishad standing committees.
* Sexual reproductive health rights service delivery through providing training with government health service providers on counselling, satellite services and referral.

**3. Objectives of the research**

The broad objective of this research is to capture the changes in beliefs and attitudes related to provision of comprehensive sexuality education and gender issues among the young people in intervention areas.

The specific objectives of the study therefore the following:

1. To better understand changes in attitudes of young people towards the acceptance of gender-based violence[[1]](#footnote-1) and identify the pathways of changes.

2. To better understand the attitude and beliefs of youth (10-24 years age) towards key sexual and reproductive health issues[[2]](#footnote-2).

3. To comprehend attitudes[[3]](#footnote-3) of the parents, CSO members, health service providers and teachers towards provision of comprehensive sexuality education and SRH services[[4]](#footnote-4) for young people.

**4. Methodological guideline**

The consultant/consulting firm is expected to develop an appropriate methodology to meet the objectives of the study. However, appropriate triangulation in data collection methods is anticipated in the proposed methodology as per need. The methodology and relevant instruments should be adjusted in consultation of 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 SRHR, Plan International’s SRHR position statement, Programme and Influencing Strategy of Plan International, Gender and Inclusion Strategy of Plan International , available study on SRHR assessment, including government reports and project documents.
* Review and improve understanding of the gender and inclusion papers adhered by Plan International Bangladesh.
* Develop appropriate methodology, data collection instruments in consultation with Plan International 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 data collection and quality control.
* Data management and analysis as per study themes in the objectives.
* Prepare a study brief both in Bangla and English.

**6. Expected competency**

Expected competency of the consultant/consulting firm includes:

* Expertise in conducting research in the area of comprehensive sexuality education and gender issues among the young people.
* Should have clear understanding on the challenges of administering data collection among hard to reach areas (Haor area of Kishoreganj and Hills of Khagrachari).
* No history of violation of child rights.
* Good track record and reputation of conducting similar 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 management.

**7. Deliverables and timeframe**

Total duration of the assignment is 90 calendar days after signing of the agreement. The methodology and work plan will be reviewed and approved by Plan International Bangladesh. It is anticipated that the first draft report will be produced within 10 weeks of signing of the agreement. The final report should be submitted after 7 days of receiving feedback. Follow up meetings will be held time-to-time between the contracted consultant/consulting firm and Plan International Bangladesh.

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 consultant/consulting firm shall produce the following deliverable:

* An inception report containing final methodology and work plan within five days of signing of the agreement.
* Study instruments pretested and finalised (if required printed in in Bangla).
* Draft report containing detailed findings and in-depth analysis of findings.
* Preparation of draft report, present the key 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 data should be submitted to Plan International Bangladesh after completion of study.

**8. Mode of payment**

The payment will be made in three instalments:

|  |  |  |
| --- | --- | --- |
| **Instalments** | **Percentage** | **Timeline** |
| First instalment | 30 | Agreement signed and acceptance of inception report |
| Second instalment | 30 | After receiving the first draft report  |
| Final instalment | 40 | Upon submission of the final report  |

**9. Criteria and scoring of evaluation**

|  |  |
| --- | --- |
| **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  |

**10. 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 expenditure, 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.

**11. Submission of proposal**

The technical and financial proposals should be submitted electronically to the email address: planbd.consultant.hiring@plan-international.org with titled **Action research in the project titled- “Perception and attitude among young people and community gatekeepers towards gender equality and young peoples’ sexual and reproductive health and rights in project 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 **16th August 2018** will be treated as disqualified. Two different folders i.e. technical and financial should be submitted into one zip folder with a covering letter. The proposals should be submitted in pdf format.

**12. Penalty clause**

The consultant/consulting firm is expected to provide services within stipulated period 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 in 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 technical issue related to the project and research, please communicate, Md. Towhidul Islam, Programme Monitoring and Evaluation Specialist to the following email address: Towhidul.Islam@plan-international.org

**14. 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.

**15. Intended users of evaluation**

The Country Management team, project team and staffs of Sweden National Office will use the study findings and lessons learning. The evaluation will also help 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.

**16. 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.

1. **Negotiations**

Once the proposals are evaluated, Plan International Bangladesh may enter into negotiation with one or more than one consultant/ consulting firm for final selection. If negotiations fail, Plan International Bangladesh 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.

1. **Award of contract**

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

1. **Child Protection Policy**

The consultants 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.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

1. Decreased acceptance of gender-based violence refers (child marriage, sexual violence, discrimination in family) among young people. [↑](#footnote-ref-1)
2. The key sexual and reproductive health and rights issues are: menstruation, Wet-dream, Masturbation, contraception/family planning, health care seeking, access to information and education on SRHR, relationship among friends and family, peer pressure, drug addiction. . [↑](#footnote-ref-2)
3. In this project positive attitude means to create enabling environment for the youths and adolescent on SRH (YFHS), establish a friendly relationship bet parents and their children both adolescent and young, encourage to get the SRH information and services, supportive and proactive roles of parents) [↑](#footnote-ref-3)
4. SRHR service included both counselling services and treatment. In counselling service physical & mental change during puberty, Food & nutrition, information & counselling about TT & other vaccine, General cleanliness and cleanliness & other issues during menstruation, child marriage, FP, SGBV, addiction included. In treatment family planning including permanent methods, MHM, TT vaccine, ANC/delivery/PNC, MR/D&C, STI/RTI, Anemia , Referral, SGBV , LCC. [↑](#footnote-ref-4)