**Terms of Reference for Formative Research on Lived Experience of preterm birth LINC Factors& role of SBCC in reducing risk factors**

***Born On Time Project***

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 is independent, with no religious, political or governmental affiliations, and with a vision of a world in which all children realize their full potential, in societies that respect people's rights and dignity.

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. In 2015, Plan International worked with eighty-four million children in 85,280 communities. 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 i.e. health, education, child protection, WASH, youth engagement and employment, and disaster risk management and climate change.

1. **Project overview**

Born On Time: A Public-Private Partnership for the Prevention of Preterm Births (Born On Time or BOT) is a five-year, CAD $30 million project that aims to reduce the number of preterm births in targeted communities in Mali, Ethiopia and Bangladesh.

Despite decreasing rates in neonatal mortality, newborn deaths represent an increasing proportion of under-five mortality, rising from 37% in 1990 to 44% in 2013 . Preterm birth (PTB) is the single most significant cause of under-five mortality, accounting for 17% of all under five deaths in 2013 . Further, preterm birth complications are a significant cause of morbidity and life-long disability in the babies who survive. These three countries were chosen because they have some of the highest rates of preterm births in the world. Combined, they account for an estimated 847,000 preterm births annually.

Now in its third year, Born On Time is a partnership with World Vision, Save the Children (SC), Plan Canada International, Global Affairs Canada (GAC) and Johnson & Johnson. Together, the consortium has designed a series of interventions that address key risk factors for preterm births associated with lifestyle, infections, nutrition and contraception (LINC) including their gender equality dimensions.

The ultimate objective of BOT is to reduce neonatal mortality in Bangladesh, Ethiopia and Mali. This aspirational outcome will be achieved through the following intermediate outcomes:

1. Improved availability of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and women of child bearing age (WCBA) in underserved areas in Bangladesh, Ethiopia and Mali. Much of this component relies on training of health workers in facilities as well as community health workers and improvement to primary health facilities.

2. Increased utilization of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and WCBA in underserved areas in Bangladesh, Ethiopia and Mali. This component engages existing formal and informal community based structures to build knowledge and an enabling environment for women’s decision making.

3. Enhanced utilization of evidence-based, gender-specific information on preterm birth data for decision making at various levels of the health system

1. **Objectives of the study**

The Born On Time consortium has identified research as one way of knowledge contribution to the global discussion on risk factors affecting preterm birth, and has decided to pursue project research as follows:

**Part A:** Qualitative study on Lived Experience of preterm birth Lifestyle Risk Factors (including their gender equality dimensions)

**Part B:** Mixed method study on Social and Behavior Change Communication (SBCC), responding to better understanding our programming under intermediate objective; increased utilization of quality, gender responsive/ adolescent-friendly maternal, newborn and reproductive health services to prevent and care for preterm births among adolescent girls and WCBA in underserved areas in Bangladesh, Ethiopia and Mali. This component engages existing formal and informal community based structures to build knowledge and an enabling environment for women’s decision making.

Overall objectives of the research are twofold:

First to contribute to the consortium’s understanding of some of the unique characteristics surrounding women and adolescent girls’ experience around pregnancy and childbirth, specifically those experiences associated with lifestyle, infections, nutrition and contraception (LINC) factors which are particularly relevant for pre-term births. The research will also contribute to understanding the success factors in Social and Behavior Change Communication (SBCC) approaches and the extent to which they contribute to the prevention of preterm birth through positively influencing lifestyle risk factors across the three program countries, including with regards to the gender equality dimensions of these risk factors. A distinguishing characteristic will be on those factors which can be generalized across all three countries versus those which may be unique to a single country. Secondly, the research should inform future preterm projects with a focus on prevention through contributing to global knowledge. It is expected that this research will be published in peer-reviewed journals and presented at relevant global conferences.

**Specific Objective Part A:**

Objective: To gain an in-depth understanding of the contextual/local nature of the lifestyle risk factors of preterm birth that result from individual/social behaviors/norms and gender dynamics.

Research Question: What is the lived experience of preterm birth risk factors related to social norms and gender inequality among pregnant women or adolescent girls in the in Bangladesh? This lived experience study intends to provide a more in-depth understanding of the various experiences encountered by the women and adolescent girls in Bangladesh and living contexts during their pregnancy, with a particular focus on the knowledge and behaviors which may prevent preterm births.

**Specific Objective Part B:**

Objective: To contribute to the global knowledge base on SBCC implementation approaches (particularly pertaining to the consortium’s SBCC messaging targeting social norms, cultural taboos, individual behaviours and the utilization of services) that may contribute to the prevention of preterm birth by modifying lifestyle risk factors. Lifestyle risk factors where messaging is most pronounced in the BOT project in Bangladesh includes community messaging around Child, Early and Forced Marriage (CEFM), excessive workload of pregnant women and adolescent girls and messaging around intimate partner violence (IPV); it is expected that excessive workload may provide the richest opportunity for data collection in this project. Other factors unique to one or two of the countries may be explored. Our vision is that the information gathered during the qualitative research timeframe in Part A will inform the development, design and roll-out of the implementation research in Part B.

Research Question: What is the demonstrated potential of targeted SBCC approaches at community level in Bangladesh (related to programming under intermediate Objective #2 above) related to lifestyle risk factors to modify individual behaviors and social norms that negatively impact on Pre-term Birth (PTB) and uptake of Maternal & Neonatal Health (MNH)/ Sexual Reproductive Health (SRH) services by women and adolescent girls?

1. **Methodology**

The overall methodology for the research study has been developed by the Global Consultant. Modifications to the methodology for each country context may be proposed by the Country Study Lead, and must be finalized collaboratively with the Global Consultant and BOT Consortium. The methodology will include the following:

**Part A: Qualitative Study on contextual factors that influence Preterm Birth (PTB)**

The study will draw on multiple qualitative methods, including In-Depth Interviews (IDIs), Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

**In-Depth Interviews and Key Informant Interviews**

A set of In-Depth Interviews will be conducted to collect narratives about women’s and their spouses’ experiences with PTB. IDIs will be conducted with:

* **Women of reproductive age (20-49)** currently in union, who have a recent (within the last two years) experience of:
  + PTB and the child did not survive;
  + PTB and child survived;
  + Full-term birth
  + Or, Nulliparous and using a modern contraceptive method for at least one year.
* **Female adolescents (15-19),** currently in union; if available, who have experienced a PTB
* **Partners** (husbands) of women (20-49) or adolescent girls (15-19) with a PTB
* **Extended family members** of women with a PTB, including parents, grandparents, siblings (and respective relatives in-law), and/or others as appropriate for the country context.
* **Female adolescents (15-19),** not in union

WRA with recent experience with preterm birth will be identified and recruited in collaboration with community health workers, community leaders, and other key informants at the community level. Eligibility of identified respondents will be verified using health facility and community health worker records, including birth records, where possible. Purposive sampling based on place of delivery (e.g. at home vs. at health facility) and nutrition during pregnancy (e.g. less than recommended number of meals vs. recommended number of meals) will be used to gather diverse understandings and experiences of PTB.

Key informant interviews will be conducted with key influencers at the household and community levels, including but not limited to male and female community leaders and faith leaders, traditional birth attendants, facility-based health workers and community health workers, to explore social norms and experiences related to PTB.

### **Focus Group Discussions**

Focus Group Discussions will be facilitated to gather insights on community social and gender norms that are related to maternal health care seeking and PTB. The populations of interest for the FGDs include:

* **Adolescent girls (15-19) or women of reproductive age (20-49), currently in union**, who are either currently pregnant or have given birth in the last two years
* **Partners / husbands** (15+ years old) of currently married adolescent girls and women of reproductive age (15-49) who are either currently pregnant or have given birth in the last two years
* **Unmarried** female adolescents (15-19 years)

FGDs will draw on participatory tools that use visual aids and focus on mobility, decision-making, and social relationships of women, men, and adolescents.

**Populations of interest and sample sizes**

*Table 1* outlines the recommended sample sizes for IDIs and FGDs for the Part A qualitative study. Within selected administrative units, **three communities** where BOT is actively implementing activities will be selected for recruitment and data collection.

**Table 1:** IDIs, FGDs and KIIs conducted in Part A[[1]](#footnote-2)

| **Type** | **Type of Study Participant** | **Inclusion Criteria** | **Total** |
| --- | --- | --- | --- |
| **IDIs** | Women of reproductive age (20-49) currently in union, who have a recent experience of:   * PTB and the child did not survive * PTB and child survived * Full-term birth * Nulliparous and using a modern contraceptive method for at least one year | * **Currently in union** * Ages 20-49 years * Have had one of the four specified experiences in the last 2 years | 2 per subcategory x 4 subcategories x 3 communities = **24** |
| Female adolescents (15-19), currently in union; if available, who have experienced a PTB | * **Currently in union** * 15-19 years * If possible, have experienced a PTB | 4 x 3 communities = **12** |
| Partners (husbands) of women (20-49) or adolescent girls (15-19) with a PTB | * Currently in union with an adolescent girl or woman of reproductive age who have had a PTB in the last 2 years * 15+ years of age | 4 x 3 communities = **12** |
| Extended family members of women with a PTB, including parents, grandparents, siblings (and respective relatives in-law) | * Family member of an adolescent girls (15-19) or woman of reproductive age (20-49) who has had a PTB in the last 2 years * 18+ years of age | 4 x 3 communities = **12** |
| Female adolescents (15-19), not in union | * **Not currently in union** * 15-19 years | 4 x 3 communities = **12** |
| ***Total*** | | | **72** |
| **FGDs** | Adolescent girls (15-19) or women of reproductive age (20-49), currently in union, who are either currently pregnant or have given birth in the last 2 years | * **Currently in union** * Ages 15-49 years * Currently pregnant or have given birth in last two years | 3 x 3 communities = **9** |
| Partners / husbands (15+ years old) of currently married adolescent girls and women of reproductive age (15-49) who are either currently pregnant or have given birth in the last two years | * Currently in union to an adolescent girl or woman of reproductive age (15-49) who is currently pregnant or have given birth in last two years * 15+ years of age | 3 x 3 communities = **9** |
| Unmarried female adolescents (15-19 years) | * **Not currently in union** * Ages 15-19 years * Female | 3 x 3 communities = **9** |
| ***Total*** | | | **27** |
| **KIIs** | Key influencers: male and female community leaders and faith leaders; traditional birth attendants; facility-based health workers; and community health workers | * 18+ years of age | 5 – 10 x 3 communities  = **15 - 30** |
| ***Total*** | | | **15 - 30** |

## Part B: Mixed Methods Study on SBCC effectiveness

This study will draw on a convergent parallel study design and mixed methods approach, wherein qualitative and quantitative methods are used concurrently to gather data, and then analyzed together to answer the study’s overarching research questions. Considering the dual objectives of process and outcome assessment, the study design includes two strands of data collection.

**Strand 1: SBCC Implementation processes and factors affecting implementation**

Strand 1 will consist of a process evaluation, using qualitative methods including **observations** of program implementation and **key informant interviews** with community members, program implementers and key stakeholders (see *Table 2*). This process evaluation will:

* Explore implementers’ perspectives on barriers to and facilitators of successful program implementation; and
* Assess program fidelity, or the extent to which BOT activities are delivered as intended.

Maximum variation sampling will be used to select program activities to observe. Purposive sampling will be used to select implementers and key stakeholders for key informant interviews.

Key informant interviews will be guided by questions about barriers to and facilitators of successful program implementation, with a particular focus on the social and gender-related factors that impact program fidelity. Community members from priority populations, including but not limited to women of reproductive age and adolescents, in union and unmarried, will also be interviewed to assess the feasibility and acceptability of different SBCC approaches to identify those that have demonstrated potential to address risk factors by modifying individual behaviours and social norms that negatively impact on PTB.

**Table 2**: Key Informant Interviews to be conducted in Part B, Strand 1

| **Strand** | **Type of Study Participant** | **Inclusion Criteria** | **Total** |
| --- | --- | --- | --- |
| **Strand 1: Observations** | Observations of SBCC activities | One observation per 25 SBCC activities related to LINC factors | 25 |
| **Strand 1: KIIs** | BOT Implementers | * Have supported implementation of BOT activities for min. 3 months * 18+ years of age | 4 |
| Key local stakeholders, including male and female community and faith leaders | * Be identified by BOT staff as a local level stakeholder or partner in sites where BOT is active * 18+ years of age | 4 |
| Traditional birth attendants | * Working in region where BOT is implemented * 18+ years of age | 4 |
| Facility-based health worker | * Working in region where BOT is implemented * 18+ years of age | 4 |
| Community health worker | * Working in region where BOT is implemented * 18+ years of age | 4 |
| Women (20-49 years), currently in union and who are either currently pregnant or have given birth in the last 2 years | * **Currently in union** * Either currently pregnant or have given birth within the last 2 years * 20 – 49 years of age * Resident in region where BOT is being implemented | 4 |
| Female adolescents (15-19), currently in union | * **Currently in union** * 15 – 19 years of age * Resident in region where BOT is being implemented | 4 |
| Female adolescents (15-19), not currently in union | * **Notcurrently in union** * 15 – 19 years of age * Resident in region where BOT is being implemented | 4 |
| Male adolescents (15-19), not currently in union | * **Notcurrently in union** * 15 – 19 years of age * Resident in region where BOT is being implemented | 4 |
| Male partners / husbands of currently married adolescent girl or woman of reproductive age | * Male partner / husband of married adolescent girl or woman of reproductive age (15 – 49) who is either currently pregnant or has given birth in the last 2 years * 15+ years of age * Resident in region where BOT is being implemented | 4 |
| Extended family member of women of reproductive age | * Family member of adolescent girl or woman of reproductive age (15-49) * 18+ years of age * Resident in region where BOT is being implemented | 4 |
| ***Total KIIs*** | | | **44** |

25 observations of BOT SBCC activity will be conducted in each region where BOT is working. Observations and interviews will continue until saturation (information redundancy) is reached. Saturation will be assessed in an iterative process during data collection, including during in-depth debriefings between the supervisors and observers and between the supervisors and principal investigator.

### Strand 2: SBCC effectiveness and results of implementation

Strand 2 will consist of a cross-sectional, quantitative **household survey** in to examine program reach and dose among priority populations that may also be engaged through SBCC activities at the community level. This cross-sectional study will focus on program participation and recall as well as established risk factors associated with PTB: unhealthy lifestyles, maternal infections, inadequate nutrition, and low contraceptive use.

The household survey will be administered to adolescent girls and women (15-49 years) in union, who are either currently pregnant or who have recently given birth (within the last two years), and a subset of questions will be administrated to the resident husband/male partner of the index woman. A subset of questions from the household survey will also be administered to unmarried adolescents (15-19 years) living in households independent from eligible women, based on a separate household sampling frame. A multi-stage cluster sampling technique will be applied to identify eligible households.

**Table 3:** Household surveys conducted in Part B, Strand 2

| **Strand** | **Type of Study Participant** | **Inclusion Criteria** | **Sample estimation** |
| --- | --- | --- | --- |
| **Strand 2: Cross-Sectional Study** | Adolescent girls and women, 15 – 49 years (**index**) | * Currently married * Nulliparous (no children) or with child <2 yrs * Resident in region where BOT is being implemented | **940** |
| Resident partner / husband of an adolescent girl or woman | * Resident partner / husband of a currently married adolescent girl or woman (15 – 49) who is nulliparous or with child <2 yrs * Resident in region where BOT is being implemented | **470** |
| Male and female adolescents (15-19), not in union (index from a **parallel sample**) | * Male OR female * Never married / not in union * Currently residing in HH separate from an eligible adolescent girl/woman, 15 – 49 years * Age 15 – 19 years * Resident in region where BOT is being implemented | **940** |
| ***Total*** | | | **2350** |

Sample sizes per sub-sample have been estimated using the following:

* Confidence level of 95% (alpha=0.05) and Power of 0.8.
* Margin of error of 5%
* P1 is estimated at 0.5 and P2 at 0.6.
* Design effect of 2.0
* Non-response rate of 10%

1. **Scope of work**

The key deliverables expected from the Country Study Lead(s) for this assignment are as follows:

1. Review relevant documents, studies and other data sources regarding the BOT consortium, Lifestyle, Infection, Nutrition, Contraception (LINC) factors relevant to the country, particularly preterm and other MNCH studies conducted in the past. Included among these will be the Baseline household survey and gender equality assessments for respective countries conducted in 2017, as well as consortium Annual Work Plans and Reports, and the midterm facility quality assessment, currently being implemented in 2018.
2. Communicate with the Global consultant as well as the country office to discuss relevant information on the proposed methodology and tool as well as to feed into the proposed inception report of the Global Consultant.
3. Submitan inception report to Plan International Bangladesh and provide feedback on the Global Consultant Inception Report, including the applicability of the proposed methodology in the local context.
4. The contract will be signed after acceptance of inception report by Global Study Lead and Plan International Bangladesh.
5. Review and finalize tools and questionnaires.
6. Translate all finalized tools into Bangla of the tools as required.
7. Ensure piloting of all tools under Plan International Bangladesh&the guidance of the Global Consultant.
8. Organize and carry out enumerator training integrating gender equality and child protection components from Plan International Bangladesh.
9. Submit data collection protocol including field plan, team distribution, detail assignment plan, geographical location and elaborate how CP & GE will be comply
10. Produce a detailed work plan and proposed level of effort and hiring needs for each part of the study

* Proposed team members to carry out each part of the study
* Estimated Level of effort of each team member
* Calendar of data collection and data entry, as needed
* Risk and mitigation strategy for data collection.
* Outline of the product to be submitted to the Global Consultant

7) Ensure Quality Data Collection and Data Entry by verifying and supervising data collected and entered according to guidance developed in conjunction with the Global Consultant.

8) Provide copies of original and cleaned data (qualitative & quantitative) including field notes, as well as annexes of results tables

9) Provide a validation exercise of findings with local stakeholders/participants through data validation workshop. While the CSL is not responsible for data analysis or write up of results, they will be the face of the research at community level and be expected to present findings with stakeholders.

1. **Expected competency**

• Minimum of 10 years of experience in carrying out quantitative and qualitative studies independently, collecting data and producing qualitative and mixed-methods research reports, preferably for international non-profit organizations or multilateral agencies, including multi-country studies in Maternal, New-born and Child Health.

• Demonstrated experience in qualitative study design, including overall approach and methodological rigor, applying a mixed methods approach, developing tools, developing data quality protocols and training facilitators and/or enumerators

• Demonstrated experience in supervising enumerators and ensuring quality data collection and data entry

• Knowledge and experience with MNCH and family planning issues including prematurity and pre-term births, policies and services systems, particularly in developing country contexts

• Demonstrated knowledge and experience in gender equality issues and with gender-transformative programming is required

• Fluency in English is mandatory and local languages/contexts is required

• Ability to produce high quality work under tight timeframes

1. **Deliverables and timeframe**

The key deliverables expected from the Country Study Lead(s) for this assignment are as follows:

* **Conduct a literature review** ofstudies and other data sources regarding the BOT consortium, LINC factors relevant to the country, particularly preterm and other MNCH studies conducted in in the past. Included among these will be the Baseline household survey and gender equality assessments for respective countries conducted in 2017, as well as consortium Annual Work Plans and Reports.[[2]](#footnote-3)
* **Participate in orientations** with the Global Consultant and Country Office to discuss relevant information on the proposed methodology and toolkit, as well as to feed into the proposed inception report of the Global Consultant.
* **Provide detailed feedback** on the Global Consultant Inception Report, including feedback on the applicability of the proposed methodology in the local context, as well as review of tools and questionnaires etc.
* **Produce a detailed work plan** and proposed level of effort and hiring needs for each part of the study
  + Proposed team members to carry out each part of the study
  + Estimated Level of Effort of each team member
  + Calendar of data collection and data entry, as needed
  + Risk and mitigation strategy for data collection.
  + Outline of the product to be submitted to the Global Consultant
* **Translate all finalized tools** into local languages and provide contextual feedback of the toolsas required
* **Organize and carry out data collection training and piloting of all tools** under the guidance of the Global Consultant and integrating gender equality and child protection components.
* **Ensure timely, high quality data collection** by supervising and verifying data, collected according to the sampling plan and DQA protocols
* **Ensure quality data entry, transcription, translation and cleaning** according to guidance developed in conjunction with the Global Consultant.
* **Provide copies of original and cleaned data** including any field notes, as well as annexes of results tables
* Work collaboratively with the Global Consultant and data collection team to **develop a contextualized coding framework** for qualitative analysis
* **Review preliminary results with local stakeholders and participants in the study.**

While the CSL is not responsible for data analysis or write up of results, they will be the face of the research at community level and be expected to validate preliminary findings with stakeholders.

The period of the contract will be staggered from January 2019 to March 2020, to support the two Parts of the research, including both the qualitative research (Part A, for which data collection must be completed by June 2019) and the mixed-methods SBCC implementation research (Part B, for which data collection must be completed by December 2019).

**Table 4:** Tasks and Expected Time Frame

| **Task/Output** | **Expected Time Frame** |
| --- | --- |
| Proposal Submission Deadline | 10 January 2019 |
| Contract Awarded | By January 31, 2019 |
| **Part A: Qualitative Research** | |
| Inception meeting and review of tools[[3]](#footnote-4) | Week of February 11th, 2019 |
| Submission of Translation and contextual review of tools | February 18 – March 1, 2019 |
| Review and comment on protocols and training materials | February 18 – March 1, 2019 |
| Submission of Detailed work plan & budget for the data collection to be conducted | Week of March 4, 2019 |
| Submission of study protocol (Part A and B) for ethical clearance | March 2019 |
| Hiring of Data Collectors/Supervisors, training and finalization of piloted tools and protocols | By May 3rd, 2019 |
| Data collection and follow up with Global Consultant | May - June 2019 |
| Data entry, transcription and translation, and follow up with Global Consultant | June - July 2019 |
| Submission of all raw data and files | July 2019 |
| Development of coding framework with data collection team and supervisors | July 2019 |
| Conduct review of preliminary findings with local stakeholders | September 2019 |
| **Part B: Mixed Methods Research** | |
| Inception meeting and review of tools[[4]](#footnote-5) | September 2019 |
| Review of translation and contextual review of tools | September 2019 |
| Review and comment on protocols and training materials | October 2019 |
| Submission of Detailed work plan & budget for the data collection to be conducted | October 2019 |
| Hiring of Data collectors/Supervisors, training and finalization of piloted tools and protocols, including preparation of ICT-based tools for household surveys | October – November 2019 |
| Data collection and follow up with Global Consultant | November – December 2019 |
| Data entry, transcription and translation, and follow up with Global Consultant | January 2020 |
| Submission of all raw data and files | January 2020 |
| Development of coding framework with data collection team and supervisors | February 2020 |
| Conduct review of preliminary findings with local stakeholders | End of March 2020 |

1. **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 Part A data set (Qualitative) |
| Final instalment | 40 | Upon submission of the Part B data set (Mixed method) & received thank you letter from Plan International Bangladesh |

1. **Evaluation criteria and scoring**

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

**11. Preparation of proposal**

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

* Detailed methodology of the study.
* Detailed timeframe (including dates for submission of first draft, dissemination of findings and final report).
* Account of experience of conducting survey and employing qualitative methods.
* CVs of the team leader and key members of the study team which reflect relevant experience to conduct the study.
* Copy of VAT registration certificate (for consulting firm).
* Copy of valid TIN certificate and bank account detail.

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

1. **Submission of proposal**

Qualified and interested parties are asked to submit the following:

* 1. Detailed **technical proposal of maximum 8-10 pages[[5]](#footnote-6)** clearly demonstrating a thorough understanding of this ToR and including the following:
     1. Demonstrated previous experience in qualitative and mixed methods studies, and other qualifications outlined in this ToR
     2. Demonstrated experience in data collection and supervision through the sharing of at least one example of protocols developed, supervision carried out, quality assurance procedures integrated into data collection and data entry, including experience in ICT-based data collection
     3. Team composition for each proposed team member available for this consultancy as well as proposed daily rate for all consultants/short-term staff available as required to carry out Part A and Part B of the research.
     4. Confirmed availability or core staff members during the periods in question.
  2. A **financial proposal[[6]](#footnote-7)** with a detailed breakdown of daily rates which will be used to assess costs for each component of the research, including the fees that will be associated with the estimated LOE provided.

1. Phased and itemized consultancy fees/costs and daily rates in local currency to be valid for the period of the consultancy
2. Fees associated with hiring of data collection, transcription, translation and cleaning staff, who will be required to carry out the data collection as required (particularly for Part B)
3. Estimated field mission expenses for field visit travel to 6 Upazilas of Rangpur District (to be reimbursed based on requirement) on a per person basis
4. Phased and itemized administrative expenses to be required for the consultancy, including expenses associated with ICT-based data collection
5. Validity period of quotations

In addition to the technical proposal as outlined above, the proposal should also include the following:

* Curriculum Vitae(s) of all proposed staff outlining relevant experience
* Names and contact information of 2-3 references who can be contacted regarding relevant experience
* A copy of at least two previous reports of similar work undertaken on: a) qualitative study; AND b) SBCC or mixed-methods study with a focus on health implementation research
* A Research Team/ Consulting Firm profile (if applicable).

The proposal will be scored on both technical (methodology) and financial (budget) aspects weighted at 80% and 20% respectively.

Closing date for submission of the application package is end of business day (EST) on **10 January, 2019** to [planbd.consultant.hiring@plan-international.org](mailto:planbd.consultant.hiring@plan-international.org)

**13. Penalty clause**

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

1. **Contact person**

For any technical issues related to the project and this study, please contact Dr. Arefin Amal Islam, Project Manager; Born On Time project, at the following email address:[Arefin.Islam@plan-international.org](mailto:Arefin.Islam@plan-international.org)

1. **Ethical Considerations**

Full ethical approval will be obtained before the study commences, if required. In accordance with Research Policy and Standards, this will be obtained in one of three ways as appropriate:

1. In cases where the proposal is submitted by a University or research institution that has an ethics approval process, then that University or research institution may provide approval.
2. In cases where participating countries may require ethics approval from governmental or other regulatory bodies, in such cases ethics approval will be sought by country study leads in coordination with the global consultant.

All ownership and copyright for final data collected is held by the BOT Consortium. It is understood and agreed that the Consultant(s) shall, during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by BOT, any information obtained in the course of the performance of the Contract. Information will be made available for the consultants on a need‑to‑know basis. Any and all necessary field visits will be facilitated by Consortium staff.

1. **Intended users of study**

The intended users of the study are: Plan International Bangladesh and its implementing partner, LAMB; and BOT consortium members. Additional intended audiences mayinclude: project donors, including Johnson and Johnson and the Global Affairs Canada; and government partners, including Ministry of Health and Family Welfare, Bangladesh.

1. **Bindings & Governance**

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

The Country Study Lead will be required to work closely with the Global Consultant, country-specific M&E focal points (to be identified at the beginning of the assignment) and the BOT Consortium Research Working Group. The consultant will however be directly accountable to the country-specific BOT consortium member: **Plan International Bangladesh**. The Global Consultant will keep the Research Working Group Lead continually informed on the progress of the assignment through updates via email and skype conferences.

Additional staff from Canadian offices, country offices, Johnson & Johnson, and/or GAC may participate in meetings to inform and advise the evaluation process, as appropriate.

A **Research Advisory Council**, comprised of external experts in the field of maternal and child health, will provide oversight and comments at key intervals, specifically during the presentation of the inception report, and submission of the draft and final reports for Part A and B.

1. **Negotiations**

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

Gender Equality Considerations:

Recognizing the importance of unlocking socio-cultural and gender-related barriers to bring about behaviour change and good maternal and newborn health practices, this research should be strongly couched within a gender-transformative lens, integrating specific lessons related to SBCC messaging as it pertains to overcoming unequal decision making practices within the household and community, imbalanced gender norms, practices and power dynamics in different contexts, as well as the ability of messaging to overcome myths and taboos and reach both women and their male partners in all three consortium countries.

1. The sample sizes of 10-20 interviews per type, and 2-3 FGDs, are proposed to reach saturation (information redundancy) and to identify most major themes. Recruitment and administration of interviews will continue until saturation in themes (information redundancy) is reached. For the purpose of this study, saturation of themes is defined as when no additional themes of interest emerge from data. [↑](#footnote-ref-2)
2. A midterm study is currently being implemented across the consortium; if and where available, the results report from this study should also be reviewed. The midterm study includes both a *Quality of Care* study on ANC services (wherein methods include client exit interviews, direct observation, facility assessment, etc.) and a rapid qualitative assessment (FGDs and KIIs with project stakeholders and community members). [↑](#footnote-ref-3)
3. Prior to the inception meeting, relevant documentation will be provided to the successful candidate. [↑](#footnote-ref-4)
4. Prior to the inception meeting, relevant documentation will be provided to the successful candidate. [↑](#footnote-ref-5)
5. Kindly list the names of the University/consulting firm on the *cover page only.* [↑](#footnote-ref-6)
6. Kindly list the names of the University/consulting firm on the *cover page only.* [↑](#footnote-ref-7)