



Terms of Reference

Rapid Situation and Response Assessment (RSRA) among Key Populations in 14 districts of Bangladesh.

HIV/AIDS Program

27 March 2024

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1. PROJECT SUMMARY

Bangladesh is one of seven countries in the region where HIV epidemic continues to increase. Although the prevalence of HIV among general population is <0.01%, in past 20 years, Bangladesh has developed concentrated HIV epidemic, driven mainly by injecting drug use¹. The latest integrated biological and behavioural survey (IBBS), conducted in 2020, revealed that the overall HIV prevalence among KP in Bangladesh stood at 2.3%. The PWID recorded highest prevalence of 4.1% followed by 0.1% among FSW. It should be noted that in Dhaka, the prevalence of HIV was as follows: PWID 5.1%, MSM 3.1%, TGW 1.2%, and FSW 0.1%.²

Save the Children is one of the Principal Recipients of HIV grants of The Global Fund and is responsible for implementing interventions targeting FSWs and their clients, PWID and their partners and supplements to treatment, care, and support (TCS) program for people living with HIV under government health sector program. Comprehensive harm reduction services for PWID are provided at Drop-in Centres (DICs) and outlets, as well as through outreach. DICs and outlets offer basic medical care, abscess and STI management, HIV testing and counselling (HTC), rest and recreational facilities, as well as referral services³. Outreach services are provided in the catchment areas of the DICs, and outlets called “spots”, where sterile needles and syringes, and condoms are distributed. Behavioural change communication (BCC), and satellite HIV testing sessions are also organized as part of the outreach. Additionally, Opioid Substitution Treatment (OST) and Antiretroviral Therapy (ART) are provided from the eight Comprehensive DICs (CDICs) and four OST centres as part of the harm reduction program. Comprehensive HIV prevention services for FSWs are also provided from similar program set-up. The DICs and outlets of FSWs intervention mainly provide rest and recreational facilities, STI management for FSWs and their partners, referral of complicated STI, maternal and child health care, EPI, TB and legal aid support, HIV testing services (HTS), linkage of diagnosed HIV positive cases for antiretroviral therapy (ART) at government facilities. Additionally, distribution of free and social marketing condom, distribution of lubricant, behavioural change communication (BCC) activities, and satellite HIV testing are done as outreach services.

Type of Study	Rapid Situation and Response Assessment (RSRA) among People Who Inject Drugs (PWID) and Female Sex Workers in 14 districts of Bangladesh
Name of the project	HIV/AIDS Program
Project Start and End date	January 1, 2024 to December 31, 2026
Time frame of the study	April 27, 2024 and July 31, 2024 (Tentative)
Study locations	14 Districts

2. BACKGROUND AND CONTEXT

Save the Children is covering 31 districts for PWID interventions in the current GC-7 (period January 2024 – December 2026). Among these, thirteen (13) districts (Feni, Lakshimpur, Noakhali, Kishoregong, Jhenaidah, Jamalpur, Sherpur, Netrokona, Natore, Gaibandha, Lalmonirhat, Rangpur and

¹ AIDS STD Program (2019). Annual Report 2018, AIDS/STD Program. Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh

² AIDS/STD Programme (ASP), *Behavioural and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh, 2016-2017a*, Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Govt. of the People's Republic of Bangladesh, http://asp.portal.gov.bd/sites/default/files/files/asp.portal.gov.bd/page/4129b6d9_3565_48d5_8f89_ef37abb51732/2020-08-10-22-53-441586ce07ccd5e787b792da60812279.pdf.

³ Program Brief (2020). Prioritized HIV prevention services for key populations in Bangladesh. Save the Children in Bangladesh

Habiganj) were newly included in NFM3. Similarly, FSWs intervention is being implemented in 8 districts, out of which one district (Mymensingh) is newly included in GC7 grant. New districts will be selected based on Rapid Situation and Response Assessment (RSRA). This report mentioned about presence of substantial number of KPs in those districts, high mobility among PWID and FSW from epidemic adjacent districts (Dhaka, Narayanganj, etc.), drug injecting trafficking route, high prevalence of blood borne disease among general population, as well as KP, high prevalence of HIV/AIDS among key/general population and demand of services from KP.

A mapping study and size estimation⁴ was done in 2022-23 that shows an estimated number of KPs in each district and that was basis of selection of districts for program implementation. Now during scale up of coverage in new districts, it is necessary to know about more exact number of KPs, their gathering/ drug taking place, time, and other behavioural aspects. In the previous size estimation, there are districts where the estimates have been extrapolated based on some certain indicators. Meanwhile drug scenario of the country has changed, specially shifting of drug route, availability of injecting drugs, increased use of ATS (Amphetamine Type Stimulants) drugs etc. Since the identification of first COVID-19 case in Bangladesh in March 2020, there has been several waves of COVID-19 surge till date. COVID-19 has an effect on the drug user's livelihood, price and availability of drugs and drug use behaviour. COVID-19 and the lockdown have affected the livelihood of PWID and the capability of buying drugs. The availability of injecting drugs has reduced that also lead to an increase in price of injecting drugs, a shift to other available drugs and change of drug taking behaviour. Ground realities through our program has shown that this situation varies by districts. So, there is a need to conduct a rapid situation assessment that will substantiate the estimated number of the mapping exercise (done in 2022-23) and also explore the recent drug-related risk behaviours.

These will help program for resource allocation and microplanning. Before the services are initiated, Save the Children has planned to conduct a Rapid Assessment and Response (RAR) in these 14 districts, to generate information for adapting the interventions accordingly.

According to WHO (2004)⁵-

“Rapid assessment and response is a way of making a comprehensive assessment of a specific public health issue. It involves focusing on the characteristics of the health problem, the population groups affected, key settings and contexts, health and risk behaviour and social consequences. It identifies existing resources and opportunities for intervention and helps in planning, developing, and implementing interventions and programmes.”

The RSRA approach is a quick investigative process using multiple methods (e.g. document review, key informant interviews, focus group discussions, observations, mapping, and population estimation) and multiple data sources. It triangulates the data from different sources and inductively analyse the data to best ensure that specific health problem responses are strengthened through community involvement.⁶ The assessment will be conducted following rapid assessment approach to collect information on areas where KPs are concentrated, including their numbers, their drug behaviour, and sexual behaviour, etc., along with their service related knowledge, service need and the situation of already existing services in these areas.

⁴ Mapping Study and Size Estimation of Key Populations in Bangladesh 2022-2023

⁵ Rapid Assessment and Response Adaptation Guide on HIV and Men Who Have Sex with Men. (2004). Department of HIV/AIDS. World Health Organization.

⁶ Gerry V. Stimson, Chris Fitch, Don Des Jarlais, Vladimir Poznyak, Theresa Perlis, Edna Oppenheimer, Tim Rhodes. (2006). Rapid Assessment and Response Studies of Injection Drug Use: Knowledge Gain, Capacity Building, and Intervention Development in a Multisite Study. American Journal of Public Health.

3. SCOPE OF RSRA

The purpose of the assignment is to conduct the Rapid Situation and Response Assessment (RSRA) among People Who Inject Drugs (PWID) and Female Sex Workers (FSWs) in 14 districts of Bangladesh. The general objective of the assessment is to generate information to design appropriate interventions targeting PWID in 13 districts and FSWS in 1 district.

Specific objectives are-

1. Assess whether there are injecting and/or other opioid drug users in the fourteen new districts and understand the areas where they are concentrating in number and their drug use behaviour.
2. Assess whether PWID and FSW in these 14 districts are receiving any services relevant to HIV prevention, assess their service-related knowledge and identify service needs.
3. If available, explore the quality of HIV/AIDS programs for PWID and FSW in the selected districts.
4. To understand the other drug dependencies and sources drug availability by PWID.
5. Prevalence of HIV risk behaviour and vulnerabilities of sex partners of individuals who are HIV positive.
6. Perceptions of stigma and discrimination in family, community, and healthcare settings.
7. Understanding health seeking behaviour of the key population and the barriers to accessing healthcare services.

a) Key Responsibilities and Tasks:

Main responsibility of the research team is to conduct the Rapid Situation and Response Assessment (RSRA) among People Who Inject Drugs (PWID) and Female Sex Workers (FSW) in 14 districts of Bangladesh. They will be responsible for the following:

- Review of previous RSRA and size estimation done in Bangladesh.
- Finalize detail RSRA methodology, data collection and sampling technique in consultation with SC-HIV program, SCUS and other international experts.
- Develop and finalize tools/instruments and materials for data collection.
- Pre-test the design, data collection, planned methodology and do necessary adjustment, if required.
- Recruitment of field data collectors.
- Prepare/develop training schedule, materials, presentation, etc. and conduct of training for field data collectors and relevant team members.
- Communicate with relevant local government and law enforcing agencies to receive necessary approval to carry out field activities.
- Plan, supervise, and resolve problems during field data collection, engaging data collectors.
- Conduct document review to understand drug and sex trade situation and risk behavior of key population in the selected districts, as well as to compile existing data on the target population. Documents may include- any previous situation assessments or other studies that was conducted in those specific areas; information from hospitals / drug treatment centers, Civil Surgeons office, BDR camp, Pouroshova, Union Parishad office etc.; well circulated local/national (if possible) newspaper reports on drug use and drug seizer;

information on drug seizures from the Department of Narcotics Control (DNC); information on arrests for drug use and solicitation from police, etc.

- Conduct key informant interview (KII) of relevant person (staff, management, as appropriate), in-depth interview (IDI), focus group discussion (FGD), survey, spatial mapping, and observation.
- Ensure detailed field note and transcription of qualitative interviews.
- Manage data; ensure data quality, completeness, validity, reliability, timeliness, accuracy, and consistency.
- Analysis of document review, as well as collected quantitative and qualitative data as per analysis plan.
- Draft and finalize the report as per requirement of the assignment.
- Regular meetings with Save the Children HIV/AIDS program team and international experts for guidance and progress update.
- Safety and security during field visit will be primarily the concern of the research firm/consultant.

b) Responsibility of Save the Children:

The monitoring and evaluation team of HIV/AIDS program, Save the Children country office, will be primarily responsible to manage the study. Main responsibilities will be-

- Share the detailed concept note with the assignee.
- Organize meetings with the research team, program person and international consultant for discussion and finalization of the RSRA design, sample size, field strategy and analysis plan.
- Facilitate communication between the research team and relevant people from partner organizations to plan the field level activities.
- Provide guidance in analysis of quantitative data (from program perspective).
- Provide guidance in analysis of qualitative data (from program perspective).
- Provide feedback on the draft report.
- Organize and facilitate consultative meetings with relevant implementing partners and stakeholders to share draft findings (as required).
- Provide support in obtaining ethics approval

FIELD VISIT AND OTHER LOGISTIC ARRANGEMENT

The research team will work in a flexible manner. However, this assignment demands to spend most of the time in the field.

The assignee will be responsible for assessing the field situation through extensive field visits and personal communication with program beneficiaries, relevant stakeholders, and local authorities.

The research team should keep values and ethics up and express tolerance and respect to the community and stakeholders. Their action should not create fear, anxiety, stress, or confusion among KP and any other relevant persons. The information collected from the participants will be anonymous. The principal concern will be to ensure that the participants are protected from any harm that might result from their participation in this study (if any).

The assignee will arrange the travel expenses and accommodation of the research team.

CONFIDENTIALITY

All the data and other deliverables produced in this study will be treated as the Save the Children property and the mentioned deliverables or any part of it cannot be sold, used, or reproduced in any manner by anyone in the research team without prior permission from the Save the Children's HIV/AIDS Program.

WITHDRAWAL/TERMINATION

This agreement shall be effective between dates mentioned in agreement, unless otherwise earlier terminated. Save the Children may terminate this agreement with immediate effect on occurrence of any irregularities and/or anomalies relating to project implementation and non-compliance of any terms and conditions, as agreed upon in this agreement. Save the Children is not obligated to provide any prior notice for the termination of this assignment.

In the event of a major natural disaster, war or major civil or political unrest this agreement may be renegotiated and jointly revised between the two parties recognizing any consequent change in the environment for implementation.

CONTACT PERSON

This assignment will be supervised and coordinated by the Senior Manager- Performance Measurement, HIV/AIDS program, Save the Children.

TIMEFRAME

The aforementioned tasks are expected to be accomplished between April 27, 2024, and July 31, 2024 (tentative).

4. METHODOLOGY

Methodology:

The assessment will follow the Rapid Assessment and Response (RAR) method by the World Health Organization (WHO). It will adopt multiple approaches, including document review, survey, qualitative interview, spatial mapping, and field observations. In 2008, Save the Children conducted two assessments using RSRA approach- one was a mapping study in selected activity sites to identify unserved Injecting Drug Users (IDUs), and another one was a study for geographical mapping, service delivery gap and size estimation for female sex workers^{7 8 9}.

An evaluation of WHO's Rapid Assessment and Response method by Stimson *et. al.* presents both advantages and limitations of RAR studies¹⁰. It pointed out that unlike evaluation, RARs are "uncontrolled" investigation with limited data sources. However, the evaluation also indicates that RARs generate information on local context, while informing relevant stakeholders regarding the issue

⁷ Mapping Geographical and Service Delivery Gaps and Estimating Size of Street, Hotel and Residence based Female Sex Workers in Bangladesh. (2010). Save the Children.

⁸ National and Local Level Mapping to Select Activity Sites and Identify Unserved IDU. (2010) Save the Children.

⁹ Mapping Geographical and Service Delivery Gaps and Estimating Size of Street, Hotel and Residence Based Female Sex Workers in Bangladesh, (2010). Save the Children

¹⁰ Gerry V. Stimson, Chris Fitch, Don Des Jarlais, Vladimir Poznyak, MD, Theresa Perlis, Edna Oppenheimer, and Tim Rhodes. (2006). Rapid Assessment and Response Studies of Injection Drug Use: Knowledge Gain, Capacity Building, and Intervention Development in a Multisite Study. American Journal of Public Health.

in hand; thus, creating a pathway for interventions. They are quick, cost-effective process involving organizations as well as communities, which provide support to develop action plans for new or modified interventions.

A. Target population:

PWID: Those who are primarily injectors and had injected in the last 12 months, are considered as PWID^{11 12}. For this assignment, this definition will be adopted.

FSW: Women who sold sex for money or goods in the past 12 months and included the street, hotel and residence based female sex workers.

B. Geographical location of the assessment:

This assessment will be done in 14 new districts of Bangladesh such as Feni, Lakshimpur, Noakhali, Kishoregong, Jhenaidah, Jamalpur, Sherpur, Netrokona, Natore, Gaibandha, Lalmonirhat, Rangpur, Habiganj and Mymensingh. Districts will be selected upon discussion with AIDS/STD Program.

C. Assessment duration:

April - July 2024

D. Sampling Strategy:

As mentioned above, the WHO RAR Guideline will be followed for this assessment. According to this guideline, a representative sampling procedure or a large sample size is not always required for the purpose of this kind of assessment. Instead, a combination of quantitative and qualitative sample with relatively small sample size is adequate and can provide detailed information on context when triangulated.

Based on the guideline and the methodologies following sampling technique will be employed, while allowing certain flexibility-

- Respondent Driven Sampling (RDS) method - Considering PWID and FSW are hidden and hard to reach population, Respondent Driven Sampling (RDS) method will be better suited, where respondents will be identified through peers, while strictly maintaining confidentiality and privacy.

E. Sample size:

A representative sample (preferably more than 500) is expected for the quantitative interview. However, the exact sample size will be decided upon consultation with the selected vendor.

F. Methods of data collection:

This assessment will collect data of two different types of sources- document review and primary data collection.

Document review:

In the first stage, documents related to key population risk behaviour and HIV/AIDS intervention will be gathered, reviewed, and analysed, which will include-

- Well circulated local and national (if possible) newspaper reports on drug use and drug seizer.
- Information on drug seizures from the Dept. of Narcotics Control (DNC).

¹¹ Mapping Study and Size Estimation of Key Populations in Bangladesh 2023

¹² Behavioural and Serological Surveillance amongst Key Populations at Risk of HIV in Selected Areas of Bangladesh, 2020

- Drug related information published each year on the “International Day against Drug Abuse and Illicit Trafficking, 26 June by DNC
- Information on arrests for drug use and solicitation from police
- Data from any previous situation assessments or other studies that may have been conducted in those specific areas (e.g. Size estimation and mapping study, IBBS, etc.)
- Information from hospitals/ drug treatment centres, Civil Surgeon Office, BDR camp, Pouroshova, Union Parishad office etc.

This document review will allow some understanding of the drug and sex trade situation in the selected districts, which will be the basis of the primary data collection.

Primary data source:

Primary data will be collected following multiple approaches, including-

1. Key informant interview (KII),
2. In-depth interview (IDI)
3. Focus group discussion (FGD)
4. Survey
5. Spatial mapping and observation

Respondent groups for primary data collection is detailed below-

Intervention	Data collection approach	Respondent group
PWID and FSW	KII	Local administration, police, staff from Department of Narcotics Control, drug sellers, pharmacists, tea stall owners adjacent to known drug user spots, guards of public parks and other venues, Youth Clubs, NGOs, drug detoxification clinics, ward/Pouroshova councillors/mayor etc.
	IDI, FGD and Survey	Male and female PWID and female sex workers over 18 years of age. PWID and female sex workers below 18 years of age

Details of each approach are as followed-

- **Key informant interview** for PWID and FSW will provide further information on drug use regarding drug availability, types of drugs use, number of drug users in each area and where they may be available. These interviews will provide idea and basis of further KII with drug sellers and ex-drug users and will help to understand the local power structure on drug trade. **In-depth interview** and **Survey** using guideline and semi-structured questionnaire will be conducted with selected PWID and FSW. Special attention will be given to female PWID, PWID and FSW who are minor (<18 years old). The questionnaire will explore risk behaviour, service-related knowledge, service availability and utilization, etc.
- **Spatial mapping and observation** of the spots will be done with the help of key informants, community groups and local guides, in order to determine whether there are PWID available and if so, to obtain a detailed idea of the following information-
 - Locations that act as gathering points of KP
 - Areas of key activity such as sex work establishments, injecting sites, etc.

- Key people or population groups, including- gatekeepers, community leaders, different age, and gender groups among KP.
- Risk behaviour, health, and social conditions.
- Other contextual factors such as law enforcement activities, health facilities, etc.

Information collected through this activity will be validated through meetings with drug users.

- **Focus group discussions** will be conducted with PWID (both male and female) and FSW, including those who are over 18 years of age. FGDs will be aimed at understanding services available for them, gaps in those services, their needs as well as the needs of family/partners. FGD will be conducted among PWID and FSW below 18 years of age if this group is available.
- Similar data collection process will be followed for each of the districts.

Ethical consideration:

The enumerators recruited for the study will be trained on issues around HIV/AIDS including stigma and the importance of confidentiality.

Participation in the interview will be completely voluntary. Informed written or verbal consent will be taken based on preference of the participants, after explaining the objective of the study, along with roles and rights of the participants. Anonymity of the respondents and confidentiality of their information will be given the highest priority. Ethical approval for this assessment has to be taken from national or international authority. The assessment team will be required to obtain ethics approval from Save the Children’s Ethics Review Committee, with support from the project team.

5. EXPECTED DELIVERABLES

Deliverables	Timeline (Tentative)
Draft RSRA Proposal with methodology and tools	April 30, 2024
Final RSRA proposal with detailed methodology and tools (both in Bangla and English)	May 10, 2024
Quantitative dataset in Microsoft excel/SPSS/ STATA format (both raw and cleaned, with note on detailed cleaning process) and codebook with step-by-step analysis (.do file for Stata)	June 15, 2024
Data tables for figures	June 15, 2024
Qualitative transcripts (in Bangla), codebook, data display sheet and data matrix	June 30, 2024
Draft RSRA report	July 15, 2024
Final RSRA report with specific recommendations after incorporating feedback	July 31, 2024

6. REPORTING AND GOVERNANCE

The research team will report to and work in close collaboration with the Deputy Director-Performance Measurement, HIV/AIDS program, Save the Children, who will oversee and provide technical assistance to the RSRA. They will regularly report progress to the Deputy Director-Performance Measurement, HIV/AIDS Program, Save the Children on work undertaken. The Chief of Party will endorse the whole process and assignment after review.

7. DISSEMINATION PLAN:

Results will be disseminated through consultative meeting with ASP and other relevant stakeholders at national level. And before launching of the program result will also be shared with respective district authorities. The findings will be used by the consortium members to implement intervention programme in the area concerned. Finally, RSRA report will be published for wider circulation.

8. RSRA TEAM AND ELIGIBILITY CRITERIA

- I. Legal establishment for a minimum of five years from Registrar of Joint Stock Companies and Firms (RJSC), Bangladesh or equivalent authorities.
- II. Updated Legal Documents [Copy of Trade License/Registration Certificate, TIN, BIN/VAT, Certificate of Incorporation (for Limited Company only)]
- III. Service Provider are not any prohibited parties or on Government debar list/ Blacklisting.
- IV. Compliance with our standard policies with the attached annexure (Anti-Bribery and Corruption Policy, Child Safeguarding Policy and IAPG Code of Conduct
- V. Proven experience of conducting studies in HIV/AIDS area following WHO's "Rapid Assessment and Response guideline" or similar methodology is preferred.
- VI. Extensive experience and in-depth knowledge on research methodology development (both quantitative and qualitative) [Need to share proof of previous study documents].
- VII. Legal establishment of research/consulting firm for a minimum of five years is required.
- VIII. Required to serve 10 customers, among customers 5 should be from UN organization/ International NGO/Diplomat Mission/ MNC/ Government.

9. TECHNICAL EVALUATION CRITERIA

The proposal will be scored separately for technical and financial proposal and combined score will be considered for decision making. Pass mark for technical proposal is 60%.

	Evaluation Criteria	Assigned Score
1	Technical Proposal	60
1.1	Previous experience in conducting RSRA or similar study in HIV/AIDS context within or outside of Bangladesh at least 5 years. (Please, mention the client's name with contact number with date / contract / MOU / Work Order copy and study report).	5
1.2	<p>Team Composition: Primary Investigator and his/her staffs' profile and career portfolio (CV to be submitted):</p> <ol style="list-style-type: none"> a. Team composition (team lead, statistician, qualitative expert, field coordinator, data manager, data entry operator, enumerator, etc. with number of persons in each category). b. Academic background and experience: <ol style="list-style-type: none"> i. The Primary Investigator must have a Master's degree, preferably. in Public Health / Statistics / Social Science / Development Studies or any other relevant subject. ii. Investigator team: Masters or Bachelor's degree in Public Health / Statistics / Social Science / Development Studies or any other relevant subject with demonstrated research experience. c. Relevant technical training and capacity in respective fields of the team members (including Primary Investigator). 	10

1.3	<p>Concept and methodology of the proposed RSRA</p> <p>a. Understanding of assignment and relevant context</p> <p>b. Strength of proposed methodology</p> <p>c. Appropriateness of proposed sampling strategy and sample size</p> <p>d. Proper reflection of assignment in proposed activities</p> <p>e. Work plan with timeline</p>	20
1.4	Please submit two previous final reports of study/research that the research team has worked on and produced on similar subject area and methodology, as samples. Overall quality of the submitted 02 reports to be evaluated (Maximum 5 points).	5
TOTAL ASSIGN SCORE (pass marks 60% for next level evaluation)		40
1.5	<p>Oral Presentation (only technically qualified firm/agency)</p> <p>Present on the overall RSRA approach, methodology, field planning, and other key aspects of the proposal.</p> <p>To be potential candidate to conduct the assessment, the bidder must score at least 60% in technical proposal (24 out of 40). Technically competent firm/agency will be selected for further screening through oral presentation that will carry 10% score.</p>	10
1.6	<p>Sustainability Criteria</p> <p><u>The bidder's workforce is staffed from the local community/region - 5.00 Points</u></p> <p>5/5 - 75% or above of staff are from the local region</p> <p>2.5/5 - 50% of staff are from the local region</p> <p>0/5 - <25% of staff are from the local region</p> <p><u>Bidder has incorporated sustainability into their project methodology - 5.00 Points</u></p> <p>05/05 - Bidder demonstrates a strong commitment to sustainability</p> <p>2.5/05 - Bidder evidences some commitment to sustainability</p> <p>0.0/05 - Bidder evidence minimal or no commitment to sustainability</p>	10
2	Financial Proposal	40
2.1	Quality and appropriateness of the budget (Need to include breakdown of staff remuneration, training cost, travel and Data collection cost, and any other cost)	40

10. SCHEDULE OF PAYMENT

- 1st Instalment: 40% after submission of the final proposal and tools
- Final instalment: 60% after submission of the final report with deliverables.

Compliance with our standard policies with the attached annexure (Anti-Bribery and Corruption Policy, Child Safeguarding Policy and IAPG Code of Conduct

- I. Save The Children's Child Safeguarding Policy
- II. Save The Children's Fraud, Bribery And Corruption Policy
- III. Code Of Conduct For Iapg Agencies And Suppliers
- IV. Save The Children's Human Trafficking And Modern Slavery Policy
- V. Certification Regarding Terrorism
- VI. Compliance with the Anti-money laundering policy of Bangladesh Bank
- VII. Supplier Declaration /Compliance form for SAVE THE CHILDREN Policies

[Procurement: Terms & conditions with mandatory polices | Save the Children International](#)