

Terms of Reference (ToR)
**Drivers of Community Group Support for Strengthening Community Clinic
 Based Health System: A Qualitative Exploration in Barishal Impact Area**
(ONLY FOR INDIVIDUAL CONSULTANT)

Project Summary

Type of study	Research by external consultant
Name of the project	Sponsorship funded 'Shishuder Jonno'
Project Start and End dates	NA
Project duration	NA
Project locations:	Bakerganj and Muladi upazila (sub-district) in Barishal
Thematic areas	Education, Child Protection, Health and Nutrition.
Sub themes	Maternal, Neonatal, Reproductive Health, Child Health, Young Infant Nutrition, Early Childhood Care and Development etc.
Donor	NA
Estimated beneficiaries	Children, parents and caregivers, schoolteachers, other stakeholders. Total Beneficiaries=195,719
Overall objective of the project	By 2027, all children (aged 0-18 years) of Barishal impact area have improved development, health & education status as well as transition to adulthood, so that they have a successful foundation for life.

1. INTRODUCTION

Save the Children International (SCI) is a leading child rights-based organization, currently covering a wide range of geographical areas in the Dhaka, Khulna, Barishal, Chattogram, Rajshahi, Sylhet and Rangpur Divisions. SCI works in several thematic areas, including education, child protection, child rights and governance, health & nutrition, child poverty, and emergency response.

'Shishuder Jonno (SJ) 'for the children' Program is a sponsorship initiative of SCI to support the development of children particularly those who are deprived of basic needs and services like health, education, protection and living opportunities. The target group of the program includes pregnant women and children from birth to nineteen years following a 'life cycle approach'. Corresponding communities, households, families, and parents of program beneficiary children are also in focus for the program intervention. The program has five core components namely: (a) Early Childhood Care & Development (ECCD) (b) Basic Education (BE) (c) School Health & Nutrition (SHN) (d) Maternal, Newborn, and Child Health and Nutrition (MNCHN) & (e) Adolescent Development (AD). There are two other non-core program components namely- (a) Child Protection and Child Rights and Governance (CP&CRG) as well as a cross-cutting component namely- Gender Equality and Community Mobilization, which is an implementation principle for all program components. The SJ program currently has three Impact Areas (IAs)- Barishal, Dhaka City (urban), and Gaibandha.

SCI started the implementation of the SJ program in the Barishal district in 2018 as the new rural impact area after the phase-out from the Meherpur district. Barishal is situated in an active delta region, where char formation is continuing and is crisscrossed by plenty of rivers and rivulets. Barishal has 10 sub-districts (Upazilas) namely Agailjhara, Babuganj, Bakerganj, Banaripara, Gouranadi, Hizla, Mehendiganj, Muladi, Sadar, and Uzirpur with a total of 86 unions and 1,116 villages. Among these 10 sub-districts, the SJ program has been implemented in two sub-districts: Muladi and Bakerganj. A Situation Analysis was conducted to assess the scope and analyze the broader context or external environment before the initiation of the program. This program has been implemented directly by SAINT Bangladesh with technical guidance from the SCI Bangladesh Country Office (CO).

2. SCOPE OF RESEARCH

Since 1996, the Ministry of Health and Family Welfare (MoHFW) has undertaken the initiative to establish Community Clinics (CC) at the village level, aiming to extend Primary Health Care (PHC) services to the doorsteps of villagers nationwide. To date, 13,853 CCs have been established across the country, with each clinic serving a population of approximately 6,000 (Source: DGHS/MoHFW). The local community has generously donated land for the construction of clinic infrastructure and actively participates in clinic management and awareness-raising activities. These clinics operate under the jurisdiction of the MoHFW.

The primary services offered at these CCs (Community Clinics) include maternal and newborn healthcare (MNH) services, Expanded Program on Immunization (EPI), micronutrient supplementation, nutrition and health education, counseling, identification and management of severe illnesses such as pneumonia, emergency obstetric care, and referral services. Family Welfare Assistants (FWAs), who provide community-based family planning services under the Directorate General of Family Planning (DGFP); Health Assistants (HAs), who provide immunization and other primary health care services under the Directorate General of Health Services (DGHS); and Community Health Care Providers (CHCPs), who are managed under DGHS to provide a range of preventive and primary curative care at CCs.

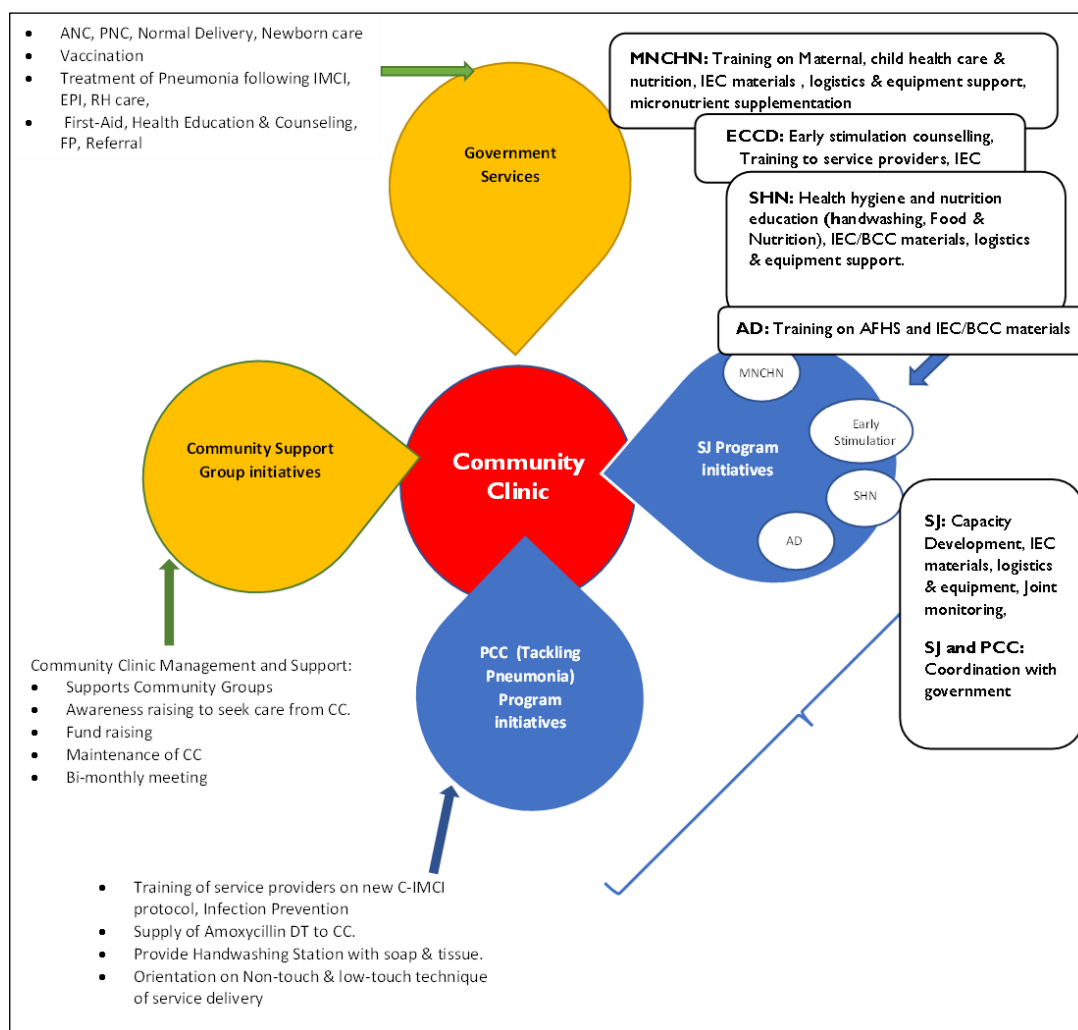
In the Barishal impact area, covering Muladi and Bakerganj Upazilla under the SJ program, there are 81 CCs. Each CC is staffed by one Community Health Care Provider (CHCP). Health Assistant (HA), Family Welfare Assistant (FWA) also support CHCP to continue services at CC.

Crucially, the management of these CCs and community awareness-raising efforts rely on the active involvement of a 15-17-member local body known as the Community Group (CG), along with three additional Community Support Groups (CSGs), each comprising 15-17 members, corresponding to the catchment area of each CC. MoHFW has established CG for effective management, providing directions, supporting maintenance, ensuring community participation in health service delivery and to ensure access of health services through the CC. CG divides the catchment area of the CC in 3 zones

with one Community Support Group (CSG) for each zone. Each CSG is responsible for i) awareness creation and services being provided through the CC and nearby service centers including supporting timely transfer of emergency cases to health centers ii) promoting healthy life style through health education, and iii) local resource generation for creation of funds for maintenance of the CC and for supporting access to services for the marginalized and Ultra poor of the community.

Interventions at Community Clinic: Scope for Integration

SCI has been supporting the MOHFW to improve access and quality of the services in Barishal. The Integrated Service Delivery Model has emphasized that integrated services across different health components have the potential to address multiple outcomes. The Model considers integrating different relevant components/interventions of the SJ program and other projects of SCI into the 'Community Clinic' service package to maximize services to children and to improve the quality of services so that the children remain healthy.



Research Objectives

The main objective of this research is to explore the role of Community Group (CG) and Community Support Group (CSG) for bridging between the service providers and service recipients for better health care in the Barishal Impact area.

Specific objectives are to -

1. Understand how CG and CSG members contribute to the CC based service system and better health outcome in Barishal.
2. Identify the motivational factors of CG and CSGs for improving the health care services in the community clinics.

3. Explore the ways in which the service delivery system is different from other CCs where SCI intervention is not present.
4. Identify barriers of community engagement, e.g. CG, CSGs for the primary health care system in Bangladesh.

2.1 Stakeholders/audiences

The key stakeholders/audiences for this research are:

Stakeholder	Further information
Project donor	SCI
Implementing partner	SAINT Bangladesh
Government stakeholders	Community Based Health Care, Directorate General of Health Services
Community groups	Union Parishad, Community Groups, Community Support Groups. SMC
Beneficiaries	Children and adults involved in the program/project/s and the evaluation

The research team will be required to propose how the research findings will be shared with each of the different stakeholders in the table above, particularly outlining how reporting back to communities, beneficiaries and children will be conducted in an accessible and child-friendly manner.

3. METHODOLOGY

3.1 Research Design and Sampling

A well-articulated qualitative research design is expected from the consultant for this research. The study location will be the Barishal district where SCI is implementing the intervention at 81 clinics in 21 Unions. The interview will be carried out at both local and national level with relevant key stakeholders. The research design must ensure the reliability and validity of qualitative information.

3.2 Data Collection

All primary data collected during the research must facilitate disaggregation by gender, age, disability, location or remoteness, and vulnerability status (e.g., vulnerable due to natural disaster, migration status, etc.) as necessary by the program. SCI will guide the development of data collection tools and classification schemes. All the interviews and FGDs should be transcribed and translated properly and should be submitted to SCiBD in English language.

The study is required to adhere to the SCI Child Safeguarding, Data protection and Privacy policies throughout all project activities. All the data, reports, and other deliverables produced in this study will be treated as the property of SCI n, and information, data, or deliverables related to this assignment cannot be sold, used, or reproduced in any manner by the researchers without prior permission from the SCI.

3.3 Ethical Considerations

It is expected that this research will be:

- Ethical clearance should be obtained from the SCUS ethical review committee.
- **Child participatory.** Children should be meaningfully involved in the study as a holistic process and not only as informants. Refer to the Practice Standards in Children's Participation ([International Save the Children Alliance 2005](#)); and Global Indicator technical guidance (SCI M&E handouts Package, Volume 2).
- **Inclusive.** Ensure that children from different ethnic, social, and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
- **Ethical:** The research must be guided by the following ethical considerations:
 - Child safeguarding – demonstrating the highest standards of behavior towards children
 - Sensitive – to child rights, gender, inclusion, and cultural contexts
 - Openness - of information given to the highest possible degree to all involved parties

- Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
- Public access - to the results when there are no special considerations against this.
- Broad participation - the relevant parties should be involved where possible.
- Reliability and independence - the evaluation should be conducted so that findings and conclusions are correct and trustworthy.

4. EXPECTED DELIVERABLES

Deliverables and Due Dates

Deliverable	Due Date
Inception report* in line with the provided template, including: <ul style="list-style-type: none"> ● Study objectives, scope, and key study questions ● description of the methodology, including design, data collection methods, sampling strategy, data sources, and study matrix against the key study questions ● data analysis and reporting plan ● caveats and limitations of study ● risks and mitigation plan ● ethical considerations including details on consent ● stakeholder and children communication and engagement plan ● consultation protocols for consulting with children and other vulnerable groups (if applicable) ● key deliverables, responsibilities, and timelines ● logistical or other support required from Save the Children ● data collection tools (in line with the study matrix).. 	1 June, 2024
Tools submission	1 June, 2024
IRB Approval from SCUS	10 June, 2024
Data collection	20-30 June, 2024
Data Analysis	1-10 July, 2024
Draft report by consultant	12 July, 2024
Feedback from Save the Children	23 July, 2024
Final report and policy brief or learning document	1 August, 2024
Findings presentation [PowerPoint presentation of study findings highlighting the: methodology and purpose- 1 slide, literature and policies review – 3 slides, key findings- 4 slides, lesson learned from the supporting- 1 slide, and policy recommendations - 1 slide.]	14 August, 2024
All data including word to word transcription, Qualitative Data Matrix, and Field Notes	1 August, 2024
A Research Report* (Draft Version) including the following elements: <ul style="list-style-type: none"> ▪ Executive summary - 2 pages ▪ Background and objective of research – 1 page ▪ Literature review and national policy review with proper references – 4 pages ▪ Methodology (with study limitations) – 2 pages ▪ Findings aligned to each of the objectives – 15 pages ▪ Conclusions and recommendations – 2 pages ▪ Policy Brief or Learning Document– 2 pages ▪ Annexes (ToR, final study tools, descriptive data and tables, Inception Report, List of people involved, specific locations and data collection details) 	12 July, 2024

Deliverable	Due Date

*All reports are to use the Save the Children Report template (research focal will be shared with the consultant). All documents are to be produced in MS Word format and provided electronically by email to the research focal of SCI. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to SCI in editable digital format.

5. REPORTING AND MANAGEMENT

The research team lead is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

- Verbal reporting each week to the Save the Children Evaluation Project Manager by outlining progress made over the past month.
- A written Progress Report (1 page) by email to the Save the Children Project Manager every two weeks, documenting progress, any emerging issues to be resolved, and planned activities for the next month.

The research team will also attend regular Working Group meetings.

The Project and Evidence & Learning Director will be accountable for approving the Final Report.

6. RESEARCH TEAM

To be considered, the consultant team members together must have demonstrated skills, expertise, and experience in:

- Designing and conducting qualitative research.
- Conducting research on the health care system of Bangladesh, specifically at the Community Clinic level.
- Conducting Policy Research and Public Health research
- Managing and coordinating a range of government, non-government, community groups and academic stakeholders.
- Report writing and presentation skills.
- Strong management skills (planning, coordinating & organizing the work of the teams of enumerators, supervisors, and qualitative researchers) to complete the work on schedule and to the required standard.
- Managing large and complex sets of qualitative information, transcription, and documentation of qualitative data.

There is a high expectation that:

- Members (or a proportion) of the team have a track record of working together.
- A team leader will be appointed who has seniority and experience in leading research on MNCH, public health, community clinics, and health care system strengthening.
- The team has the ability to commit to the terms of the project and has adequate and available skilled resources to dedicate to this evaluation over the period.
- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

7. TECHNICAL EVALUATION CRITERIA

ELIGIBILITY / ESSENTIAL CRITERIA

Criteria which bidders must meet in order to progress to the next round of evaluation. If a bidder does not meet any of the Essential Criteria, they will be excluded from the tender process immediately.

These criteria are scored as 'Pass' / 'Fail'.

- a. Legal Documents [Copy of Trade License/Registration Certificate, TIN, BIN/VAT, Certificate of Incorporation (for Limited Company only)].
- b. More than 3 years' experience of consultancy service
- c. Compliance with our Mandatory Policy
- d. Suppliers/Vendors are not any prohibited parties or on Government debar/ Blacklisting by any organization.

Note: ***Supporting documents need to be submitted with Proposal.*

Capability Criteria:

The organization will assign a committee composed of management and technical team to evaluate the proposals submitted by consultants. The selection committee will evaluate the bidders based on the criteria set below. The consultant is expected to provide detailed information based on the given framework to ensure fair and effective comparison. The committee reserves the right to drop a competitor that scores the least. The proposals submitted will be reviewed based on the set criteria.

Capacity

- Long experience in conducting large-scale research and evaluation on public health and nutrition, maternal and neonatal health, primary health care
- Experience in conducting research on the healthcare system
- Track record of previously completed assignments with International NGO/UN Organization/Development partners.

Understanding of the assignment

- Overall methodology, sample size, sampling design & distribution, overall work management, timeliness, field plan, data collection steps, quality control & supervision process, standardization of measurement tools, and addressing qualitative aspects of the study.

Experience of team leader & team composition

- Academic background, qualification of Team Leader (TL) & other members, analysis team, publications, background in public health research, experience in qualitative research.

Proposal outline, analytical approach, and presentation

- Overall outline and articulation of proposal, specific approach to address children with disabilities.

Use of innovative and advanced techniques

- *Capacity to offer innovative technology and advanced techniques in areas of data collection, analysis, presentations, quality control, and performance observations.*

Oral Presentation (only technically qualified consultants)

- Present the overall study approach, sampling, field planning & related aspects by the proposed team leader and respond to technical queries from the presentation to the Board Members.

The recruitment will be done following SC policies e.g., formation of an independent committee, evaluation, scoring based on merits, etc. The selected consultant might be requested to submit an updated proposal (related revisions / adjustments) where necessary. Selected consultant will/may be contacted to provide a presentation on the proposal by the team leader and related discussion detailing methodology, operation issues, and other issues (budget, flexibility, addressing different operational issues, etc.). Based on the updated proposal and presentation, a final discussion regarding the effectiveness of financial proposal might be conducted. Once the agreement is reached, the contract will be signed between Save the Children International and the consultant.

8. MODE OF PAYMENT

The payment will be made through the A/C Payee Cheque in favor of the contract holder. Save the Children in Bangladesh will deduct tax, according to the TAX and VAT Regulation of the Government of Bangladesh. The payment will be made according to the following schedule:

- Upon approval of inception report and tools: 30%
- Upon submission of First Draft study Report: 50%
- Upon approval of final study report: 20%

Annexes

Annex 1: SCI Child safeguarding policy



Child Safeguarding
Policy.pdf

9. APPLICATION PROCEDURE

Interested **individual consultants** are requested to submit following documents in the mentioned email address:

- **A Technical Proposal** including -
 - ✓ Brief understanding of the task
 - ✓ Descriptions in brief on the experiences of carrying out high-quality and credible completion of relevant tasks (proof required)
 - ✓ Brief on the methodologies for the task completion
 - ✓ Tentative schedule for completing the task
 - ✓ Work references – contact details (e-mail addresses) of 2 referees (organizations by whom you were contracted for similar assignments)
 - ✓ CV and a Cover Letter
 - ✓ NID copy and TIN certificate (with acknowledgement copy of income tax return for the most recent year)
 - **A Financial Proposal** including -
 - ✓ Detail breakdown of costs and consultancy fees (tax will be deducted as per government rules)
 - Email: asrarul.rifat@savethechildren.org.
 - **Please only mention “Qualitative Exploration” in the subject line of the email.**
 - Application closing date: **May 15, 2024.**
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