AHP III Bangladesh Consortium Management Unit, CARE Bangladesh

Terms of Reference (ToR)

Survey on Prevalence of People with Disabilities in Targeted Camps and Host Communities of Cox's Bazar.

1. Background

The Rohingya crisis is the largest and most complex humanitarian crisis in the Indo-Pacific region, with over 1.3 million people needing humanitarian assistance in Cox's Bazar.
To address the emergency humanitarian needs of displaced Rohingya people, who crossed into the Cox's Bazar district after persecution and violence in Myanmar, the Australian Humanitarian Partnership (AHP) initiated the Rohingya Humanitarian Response **in 2017**, funded by the Australian Government's Department of Foreign Affairs and Trade (DFAT). The first two phases went from 2017 - 2019. Since July 2020, AHP III, a multi-year intervention, started to address the humanitarian needs of people in camp and host communities, focusing on disability inclusion, gender equality, and localization. CARE implements AHP III Bangladesh Consortium and is the host of the Consoritum Management Unit (CMU) and other consortium partners i.e., EKOTA, Oxfam, Plan, Save the Children and World Vision.

The AHP III Bangladesh Consortium has designed its three-year response program to be inclusive of people with disabilities, with the aim that people with disabilities are better represented and more actively involved in the program and have meaningful and equal access to services.

One of the AHP III key priorities is to ensure that a robust disability inclusion approach is mainstreamed into the project design and implementation by all consortium agencies, and the project has been intensifying efforts to achieve this.

2. Rationale

Disability inclusion (DI) is one of the most important cross cutting principles for all agencies and thematic sectors under AHP III Bangladesh Consortium. However, there is not widely accepted and reliable data about number and percentage of personal with disabilities in Camps and Host Communities of Cox's Bazar.

At a national level in Bangladesh, disability data is unreliable, with vast differences between surveys. In 2010 the Bangladesh Bureau of Statistics' Household Income Expenditure Survey included new sub-modules on disability which showed that the percentage of the population experiencing any type of disability is about 9.07%. In contrast, the Bangladesh 5th Population and Housing Census 2011 showed the number of people with disability is only 1.4% of Bangladesh's total population. The prevalence of disability in Bangladesh is believed to be high

due to poverty, illiteracy, lack of access to health care and other services, malnutrition, and the frequency of disasters impacting the country.

UNHCR fact sheet report disability prevalence in Cox's Bazar refugee camps to be 1-2%. REACH's Age and Disability Inclusion Needs Assessment (2021) within the Cox's Bazar refugee camps used data from all 34 camps using a quantitative household survey, supported by 20 focus group discussions. Disability prevalence was assessed using the Washington Groups Enhanced Question set (WG-ES 3) for adults and the subsequent Child Functioning Modules for children aged 2-4 and 5-17 years. Reach's findings revealed a 12% prevalence of disability within refugee households in Cox's Bazar, the increased representation highlights the importance of using the Washington Group's Enhanced Questions (WG-ES 3) in contrast to the standard set Washington Group Questions Short Set (WGQ-SS). These findings report similar levels of prevalence to the internationally-reported figure of 15%, whilst acknowledging the relationship between physical and psychological disability caused by humanitarian displacement, REACH's findings appear to be a realistic representation of the population of persons with disability within Cox's Bazar camps. The WGQs are an internationally validated set of questions tested across several countries globally to ensure accuracy and universality, these questions were commissioned by the UN Statistical Commission to address the urgent need for internationally comparable data on persons with disabilities. The WGQs rely on self-reporting rather than clinical assessment and, thus, can easily be administered by data collectors. The questions are specifically designed to avoid referring to "disability" since that poses the risk of under-reporting due to associated stigma. Instead, the questions are designed to identify people who have difficulties performing basic, universal activities and are at greater risk than those without such problems.

Despite the AHP3 agencies having received training on the use of the WG-ES 3 and encouraged to use them in beneficiary registration and data collection tools by the Disability Inclusion Technical Unit, there seem to be programmatic gaps as the project has not managed to reach the set target number of people with disabilities (10%) with the latest report showing 1.76% people with disabilities reached which is relatively low. These gaps could be attributed to the lack of appropriate tools in disability data collection by consortium agencies. The project also realizes the barriers persons with disability may experience in the targeting processes, leading to the exclusion and access to services. These gaps need to be addressed.

Based on the above-highlighted gaps, it has become imperative to make deliberate and concerted efforts to promote disability inclusion in the workstreams of the project. Consequently, AHP3 using the WG-ES 3, WG-SS & Child Functioning Module (CFM for ages 2-4; WG-SS for ages 5-17; and WG-ES for 18 and above), is surveying to collect accurate data on the prevalence of disability in the project seeking to improve the coverage of people with disabilities in the targeting of beneficiaries.

Differences in prevalence across a population usually means that a different set of questions were used to collect data. Therefore, this survey will attempt to capture the extent of participation of people with disabilities in the AHP3 project using a standardized tool to ensure differences in prevalence rates are addressed. At the same time, it will provide an opportunity for agency staff to enhance their capacity for data collection using the WGQs & Child functioning module.

3. Objectives

The main objective of the proposed survey is to obtain accurate data on the number and percentage of people with disabilities reached by the AHP III Bangladesh Consortium project partners and onward address gaps where identified. This will invariably improve data for persons with disabilities as a gateway to implementing effective and sustainable disability-inclusive interventions.

4. Specific Objectives

i. Identify the number and percentage of people with disabilities (by type of disabilities disaggregated by gender and location) who participated in the AHP III Bangladesh Consortium project by applying the Washington Group Questions (WG-ES & Child functioning module).
ii. Enhance the capacity of consortium staff on data collection using the WQ-ES & Child functioning module, analysis, and use of data of persons with disability.
iii. To inform learning, reporting, and accountability.

5. Scope of Work

- The study will occur in CARE and Oxfam's working locations under the AHP III Bangladesh Consortium project.
- The geographic location will cover both host communities and camps. The host community will include unions under Ukhiya (Palongkhali) and Teknaf (Hnila and Whykong) Upazila. The camps to cover are Camp # 3, 4, 11, 12, 13, 14, 15, 16, 19, and 22.

6. Methodology and sampling:

This survey is to be conducted mainly by applying quantitative methods. However, the consultant will be flexible enough to suggest and adopt relevant qualitative methods to conduct the study. The quantitative survey at the household level of program participants will be conducted by applying the Washington Group set of Questions (enhanced set and child functioning module). The question is to be administered to each member of the selected households.

The consultant is expected to suggest an appropriate sampling framework for this survey. However, the following considerations are essential to design the sampling framework:

- The sample size should be calculated in consideration of 95% level of confidence and 3% (or less) error tolerance level.
- It is recommended that the host community and Rohingya Communities are considered as separate clusters.
- Households for the survey should be selected from the beneficiary of the AHP III Bangladesh Consortium project (i.e. from CARE and Oxfam working locations)

The enumerators who will be engaged in collecting data/ conducting the survey should be well-trained and competent in conducting interviews using the Washington Group Set of Questions (WGQs) and have conceptual clarity about the protection and inclusion of persons with disability, especially in the context of Rohingya refugees.

7. Duration and key deliverables

The duration of to complete this whole survey is 30 working days. The breakdown of duration by phases are as follows:

Phases	Deliverables	Duration
Inception phase	Inception report with detailed methodology, sampling framework, work plan, contextualized survey tools (WGQs) approval from RRRC etc.	7 working days
Data collection phase	Orientation and training of enumerators, conduct a household-level survey for data collection applying the WGQs.	10 working days
Data analysis	Cleaning, sorting, tabulation and interpretation of data, presentation of primary findings of the survey	5 working days
Reporting	Sharing a draft report for feedback and comment from AHP III partners, incorporating feedback and comments, submitting the final report addressing all feedback and comments	8 working days

8. Skills and competencies of consultant:

- Demonstrated expertise in conducting mixed-methods research and studies.
- Demonstrated understanding of disability inclusion concepts.
- Consulting experience in data collection, preferably on disability inclusion in humanitarian settings, using Washington Group Questions and child-functioning module sets.
- Demonstrated experience in conducting surveys applying mobile-based applications.
- Understanding of Cox's Bazar context

9. Selection Process

Selection Criteria	Weighted Score
Financial Proposal [Financial Proposal will be evaluated on inverse proportion method, which means the lowest price offer will get the highest score]	20%
Technical Proposal Evaluation Criteria [Technical Criteria will be evaluated on the reverse proportion method, which means the lowest experience will get the lowest score] Technical Criteria will be evaluated based on the following experiences/ documents- ✓ Understanding of the ToR and reflection of it in the proposal, overall quality and comprehensiveness of the technical proposal **15 Points** ✓ Relevant Competencies and technical skills **10 Points** ✓ Relevant experience of similar assignments **10 Points** ✓ Relevant educational background **05 Points**	40%
Presentation/Interview Based on the combined score by financial (20%) and technical (40%) criteria, the top three (3) scores will be shortlisted for the presentation/interview session. Technical personnel will evaluate the competency/performance of shorted bidders and give them the marks accordingly. A final decision will be made based on the cumulative analysis and the recommendations of the technical committee. Bidders who are not selected for the presentation/interview session will get a score of zero (0) in the presentation/ interview selection criteria.	40%
Total	100%

10. Payment Schedule

The key principle of payments will be based on performance and made in accordance with four steps, as follows:

- Completion and acceptance of the Inception report (20% of the total payment)
- Completion and acceptance of the data collection and analysis (20% of the total payment)
- Submission and acceptance of the first draft report (30% of the total payment)
- Submission and acceptance of the final report (30% of the total payment)

11. Penalty Clause:

Penalty Clause: If the selected consultant/consultancy firm fails to meet the delivery timeline, CARE Bangladesh reserves the right to cancel the order or impose a penalty. The amount of this penalty is hereby defined by the parties as below from the total contracted value per calendar day of delay.

Total Delay % to be deducted on contracted value (final amount) up to any amount to the currency of payment

i. First 10 days 1%
ii. From 11-20 days 2.5%

iii. From 21-30 days 3.5%
iv. Above 30 days 5%
v. Above 30 days the termination clause of PO may also be applied

12. Intellectual property:
All documents, papers and data produced during the assessment are treated as CARE Bangladesh's property and restricted for public use. The contracted consultant/consultant firm will submit all original documents, materials and data to the CMU of AHP Bangladesh Consortium before the final payment.

13. Supervisor/management of the assignment
The consultant/firm will be required to work closely with the AHP Program Officer and the AHP Consortium MEAL Manager and will be accountable to the Manager, CMU, CARE Bangladesh, Cox's Bazar. The consultant will also have to work with the MEAL focal points of individual partner agencies of the consortium. The consultant will keep close communications and continually update the assignment's progress via email, skype/WhatsApp/zoom conferences. The study report should acknowledge the co-authorship of CMU representatives.

14. How to apply
Please submit your proposal application in English no later than 28 January 2023 **to Juwel.Islam@care.org and CC to BGD.CoxProcurement@care.org**. Please include your full name in the subject line and the following words **"Proposal to Consultancy for AHP III Disability Prevalence Survey"**. Only short-listed candidates will be notified and contacted for an interview. Applications received after the deadline or incomplete applications will not be considered.

15. Proposal submission checklist
The proposal will be divided into two parts and should be submitted in two separate folders i.e. technical and financial. The technical part of the proposal should not exceed more than 7 pages. In addition, please provide brief CVs of the team leader (2-page max) and key members (1-page max) of the study team reflecting relevant experience to conduct the study.

Financial proposal with activity schedule (Enclosed): The financial proposal should clearly identify an item-wise summary of costs for the assignment, with a detailed 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 contracting organization will deduct VAT and Tax at source, according to the Government of Bangladesh (Gob) rules and deposit the said amount to the government treasury. The consultant/consulting firm is expected to provide a justified budget according to the technical proposal.

- **DOCUMENTS REQUIRED FOR NON-ENLISTED CONSULTANT/CONSULTANCY FIRM**
  Below documents should be submitted along with the proposal.

- **For Consultancy Firm:**
  - ✓ Photocopy of updated Trade License (FY-22-23):
  - ✓ Photocopy of VAT Registration Certificates (13 DIGIT BIN):
  - ✓ Photocopy of e-TIN:
  - ✓ **Tax Return Deposit Slip or Tax Certificate**
  - ✓ Photocopy of NID/Passport (Owner):
  - ✓ Photocopy of NID/Passport Consultant:
  - ✓ Photocopy of Bank Cheque leaf copy:
  - ✓ Vendor Questionnaire Form (Attached).
  - ✓ Vendor Disclosure (Attached)

- **For Individual Consultant:**
  - ✓ Photocopy of NID/Passport (Consultant):
  - ✓ Photocopy of E-TIN (Consultant):
  - ✓ **Tax Return Deposit Slip or Tax Certificate**
  - ✓ Photocopy of Bank Cheque leaf copy
  - ✓ Vendor Questionnaire Form (Attached).
  - ✓ Vendor Disclosure (Attached)

16. Ethical considerations

The proposal should clearly indicate the appropriate measures about how the study will not do anything that may be harmful to anyone involved in the study, plus the consideration for ensuring safeguarding and protection of and accountability to the target community.

17. Disclaimer

CARE Bangladesh reserves the right to accept or reject any or all proposals/applications without assigning any reason whatsoever. The Contract can even be rejected after signing the Contract without assigning any reasons.

18. Disclosure of information

It is understood and agreed that the consultant (s) shall, during and after the Contract's effective period, treat as confidential and not divulge, unless authorized in writing by CARE Bangladesh, 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.

Annexes:

Annex 1: Geographical area coverage:

- **Rohingya Camp:**
  - ✓ Camp # 2E ,12, 14, 15, 18,
- **Host Communities:**
  - ✓ Ukhiya Upazila (Ratnapalong, , Haldia Palong Union)
  - ✓ Teknaf Upazila (Pourashova, Teknaf Sadar, Hnila and Baharchora)
  - ✓ Other locations

Annex 2: Structure of the report

The report should have at least the following structure:

- Title page
- Executive summary (2 pages max)
- List of acronyms
- Table of contents and lists of figures and tables
- Introduction and Background
- Methodology and sampling
- Findings (it should be organized as per study objectives), Analysis, Conclusions and Recommendations (9-12 pages)
- References
- Annexes