

# Request for Proposals

## Global Technical Services Unit

### Evaluation and Strategic Research Subunit

#### **Study Type:**

Process Evaluation

#### **Project:**

Nutrition of Working Women (NoWW) Project, BKMEA & NI  
Bangladesh

#### **Proposed timeline:**

April – September 2020 (Data collection May – August, 2020)

## **Request for Proposal Notice**

Nutrition International (NI), a non-profit organization dedicated to eliminating vitamin and mineral deficiencies worldwide, invites proposals from competent Consultant(s) or Agencies for conducting a **Process Evaluation of the Nutrition of Working Women (NoWW) project**.

### ***About Nutrition International***

Nutrition International (NI), formerly the Micronutrient Initiative, is a global nutrition organization, headquartered in Ottawa, Canada, which aims to transform the lives of vulnerable people, especially women, adolescent girls and children, by improving their nutritional status and health as these groups often have the greatest unmet needs. Since 1992, NI has been building on a track record of success in vitamin A supplementation and salt iodization as well as in global advocacy, research and market shaping to address key micronutrient gaps, to include more direct support for the design and scale-up of nutrition programs at country level. NI continues to work in close partnership with governments, the private sector, international agencies, academia and non-governmental organizations (NGOs).

For 25 years Nutrition International has remained committed to its core vision: a world where everyone, everywhere, is free from malnutrition and able to reach their full potential. In that time, we have expanded our scope as well as our role, and outlined a bold vision for the next twelve years to 2030. Our Goal 2030 is to transform the lives of 1 billion vulnerable people, especially women, adolescent girls and children, by improving their nutritional status. The potential to transform is closely linked to overcoming gender inequalities. NI believes that improving nutrition is critical to achieving gender equality, and that improving gender equality leads to improved nutrition. Evaluators are expected to explain what steps they will take in order to comply with [the policy](#). NI also fully acknowledges the duty of care to protect and promote the welfare of children and young people it comes into contact with through our programs. In line with this commitment, NI expects that all staff, implementing partners, and consultants involved in the work of the organization will adhere to its Child Safeguarding Policy (see **Annex E**). Evaluators are expected to explain what steps they will take in order to comply with the policy.

One of Nutrition International's key strategic goals is to enhance the global impact of micronutrient interventions by generating cutting-edge knowledge and utilizing it to develop sound policies and programmes while consolidating political will to achieve its vision. NI aspires to position itself as a global center of excellence in generating scientific research in the field of micronutrient programmes. It provides quality assurance for research and programmes while disseminating and translating new knowledge to influence and improve national and global policies and programmes, as well as document and disseminate lessons learned on gender equality. NI provides guidance and support for existing and future programme evaluations and coordinates the analysis and utilization of evaluation activity results.

### ***About the Bangladesh Knitwear Manufacturers' & Exporters' Association (BKMEA)***

BKMEA, the apex trade body which represents the knitwear sector of Bangladesh, is committed to strategic and realistic policy development to support the sector and its employees.

BKMEA formed in 1996 with just a few knitwear manufacturers, formed as a trade association to facilitate and promote the knitwear business. To cater the demand generated from the changing apparel global value chain, BKMEA has matured to the level of a world class organization. Today, it is an organization of about 2000 knitwear manufacturers and exporters that represent the largest export-earning sector in the country.

BKMEA works closely with national and international bodies to boost up trade and to enhance cooperation between countries, BKMEA has signed agreements with concerned associations and works closely with

international and national bodies to promote the sector and for the continued development of the knitwear sector of Bangladesh. A complete list of partners can be found on the [BKMEA website](#).

Development objectives for BKMEA include: enhance productivity and improve the social compliance status of its member factories; promote workers' welfare through centralized day care centres and health care centres; preparation and support of sector-related research and publications; support intensive training programs to raise the productivity of workers and mid-level management; raise awareness on basic rights and business principles among workers and entrepreneurs of the knitwear sector; to introduce international standards in knitwear sector of Bangladesh; and, to support the formulation of sector-friendly policies in consultation with the Government of Bangladesh.

From the beginning of its journey, BKMEA has provided different services to its member factories of the knitwear sector of Bangladesh to support continuous development. Today, BKMEA plays a crucial role in the policy-making process from formulation to fixation, with examples like the National Export Policy, Import Policy, Import Policy Acts, Textile Policy, Industrial Policy, Fifth Year Policy, Labour Law, and so on. BKMEA also supports the development of sector-specific rules and programs, such as the market expansion program, research initiatives, productivity campaigns, and supporting green and environmentally-friendly industries.

### **Project Background & Rationale**

Through financial and technical support from Nutrition International's Nutrition Leverage and Influence for Transformation (N-LIFT) program, in partnership with the Bangladesh Knitwear Manufacturers' and Exporters' Association (BKMEA), the Nutrition of Working Women (NoWW) program aims to improve the health, nutrition and well-being of workers, especially women, in readymade garment (RMG) factories. Specifically, the program aims to reduce anaemia by providing weekly iron-folic acid supplements (WIFAS) to women of reproductive age (WRA), between the ages of 20 – 49, working in select factories in the RMG sector in Bangladesh. Furthermore, basic knowledge of dietary diversity, anaemia, the importance of iron-folic acid (IFA) supplementation (weekly or daily depending on pregnancy status), and WASH principles will improve amongst RMG workers after participation in Nutrition Orientation Sessions.

The readymade garments (RMG) sector is the largest contributor to the Bangladesh economy. Over 11%<sup>1</sup> of Bangladesh's GDP and over 88%<sup>2</sup> of the country's exports are from this sector. The sector's other noteworthy contribution is its active role in fostering increased employment opportunities for women. The sector creates about 4 million formal employment opportunities, and is powered by young workers, many of whom (approximately 60% of the RMG workforce) are female.

Many Bangladeshi girls and women join the RMG sector in early adulthood or even late adolescence (15 – 19 years) and discontinue at middle-age. The age distribution of workers at RMG factories have brought together the largest number of female late-adolescence and WRA (further referred to collectively as WRA) in the country. This group has specific nutritional needs, particularly and typically around iron, as iron requirements increase significantly after menses, and women typically have lower iron stores than their male counterparts. Anaemia, a condition which may result in symptoms such as fatigue and reduced capacity for learning and physical work, and increases the risk for negative maternal and birth outcomes if a woman becomes pregnant, is of high prevalence in WRA in Bangladesh, at 42%.<sup>3</sup> Furthermore, recent evidence suggests that up to 8 in 10 female RMG workers in Bangladesh are anaemic.<sup>4</sup>

Weekly iron-folic acid supplements (WIFAS) are oral supplements that consist of 60 mg of elemental iron and 0.4mg of folic acid (note: the recommended dose of folic acid is 2.8mg but this is currently not widely available, so the 0.4mg formulation is used). WIFA supplementation is recommended by the World Health Organization (WHO) as a preventative public health intervention for menstruating women living in areas

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<sup>1</sup>Bangladesh Bureau of Statistics (2017)

<sup>2</sup>ibid

<sup>3</sup>BDHS (2011)

<sup>4</sup>Khatun, T.; Alamin, A.; Saleh, F.; Hossain, M.; Hoque, A.; Ali, L. Anemia among Garment Factory Workers in Bangladesh. *Middle-East J. Sci. Res.* 2013, 16, 502–507

where the prevalence of anaemia in women of reproductive age (WRA 15-49 years of age) is greater than 20% and no other public health intervention is in place to control anaemia.

Considering these contextual factors, the NoWW program seeks to leverage the RMG sector as a delivery platform for nutrition interventions, particularly WIFA supplementation. The purpose of this process evaluation is to contribute to the evidence base around the effectiveness of this particular delivery platform.

### ***General considerations for the RFP***

- This Request for Proposals (RFP) is to conduct a Process Evaluation of the **Nutrition of Working Women (NoWW) Project**
- These instructions should be read in conjunction with the information contained in the enclosed Terms of Reference (TOR; Annex-A), and in any accompanying documents within this package.
- Nutrition International is not bound to accept the lowest priced, or any, proposal. Nutrition International reserves the right to request any (or all) Respondent(s) to meet with the Nutrition International to clarify their proposal(s) without commitment, and to publish on its website answers to any questions raised by any Respondent (without identifying that Respondent).
- Respondents are responsible for all costs associated with the proposal preparation and will not receive any reimbursement by Nutrition International.

### ***Conflict of Interest***

- Respondents must disclose in their proposal details of any circumstances, including personal, financial and business activities that will, or might, give rise to a conflict of interest. This disclosure must extend to all personnel proposed to undertake the work.
- Where respondents identify any potential conflicts, they must state how they intend to avoid any impact arising from such conflicts. Nutrition International reserves the right to reject any proposals which, in NI's opinion, give rise, or could potentially give rise to, a conflict of interest.
- With respect to this condition, please be advised that the organizations that may fall within the scope of this evaluation will include those below, with which any association must be disclosed:
  - Nutrition International
  - Government of Canada
  - Institute of Public Health Nutrition (IPHN)
  - Bangladesh Knitwear Manufacturers' and Exporters' Association (BKMEA)
  - Other related partners/government entities

### ***RFP General Disclosures***

Respondents must disclose:

- If they are or have been the subject of any proceedings or other arrangements relating to bankruptcy, insolvency or the financial standing of the respondent including but not limited to the appointment of an officer such as a receiver in relation to the respondent personal or business matters or an arrangement with creditors or of any other similar proceedings.
- If they have been convicted of, or are the subject of any proceedings, relating to:
  - Criminal offense or other offense, a serious offense involving the activities of a criminal organization or found by any regulator or professional body to have committed professional misconduct.
  - Corruption including the offer or receipt of any inducement of any kind in relation to obtaining any contract, with NI, or any other contracting body or authority
  - Failure to fulfill any obligations in any jurisdiction relating to the payment of taxes
  - Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person

regardless of their relationship to the victim, in any setting, including but not limited to home and work<sup>5</sup>

### ***SUBMISSION AND EVALUATION PROCEDURE***

This proposal will be submitted in two steps. An initial CONCEPT NOTE will be submitted as specified below, then selected candidates will be asked to submit a FULL PROPOSAL, which is essentially an expanded version of the concept note. The following outlines the procedure:

1. Qualified consultant/s or agency/s submit a CONCEPT NOTE.
2. NI will log the date, time, and business information upon receipt of proposals.
  - a. CONCEPT NOTES must be submitted by **Sunday, March 01, 2020 at 23:59 hours BST (UTC+6)**
3. NI will review all concept notes and disqualify any that fail to meet the terms set out in these instructions.
4. NI will evaluate all complete concept notes objectively using predetermined criteria (see “Selection Criteria” below).
5. The top-scoring respondents will be invited to submit a FULL PROPOSAL. At this stage, NI may also clarify any questions from respondents in order to inform the full proposal.
6. The full proposal is submitted by the selected respondents within **10** business days of being notified.
7. NI will evaluate the full proposals objectively using predetermined criteria and notify the successful consultant/agency of the result.
8. NI will inform the successful agency of their selection; the agency will be expected to enter into a contract with NI for the duration of the work. The terms and conditions of this current RFP will normally form part of the Contract.

Proposals shall be put into a covering email specifically indicating with the subject line “Concept note for Process Evaluation of the NoWW Project”

For submissions, as well as any clarification required, please write an email to  
**Jennifer Hatchard (Email: [jhatchard@NutritionIntl.org](mailto:jhatchard@NutritionIntl.org))**

Please note:

- Proposals must be submitted in English only.
- Only email bids will be accepted.
- Any clarification from NI on the scope of work and submission process will be communicated to all applicants, ensuring equal opportunity.
- Only those short-listed will receive an acknowledgment. Candidates may be called for a verbal interaction over phone or Skype.
- Late proposals will not be accepted in any circumstances.
- Nutrition International reserves the right to:
  - Accept or reject any and all proposals, and/or to annul the RFP process, prior to award, without thereby incurring any liability to the affected Respondents or any obligation to inform the affected respondents of the grounds for NI’s actions prior to contract award.
  - Negotiate - with Respondent(s) invited to negotiate - the proposed technical approach and methodology, and the proposed price based on the Respondent’s proposals.
  - Amend this RFP at any time

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<sup>5</sup>See further: WHO Definition of Sexual Violence:  
[http://apps.who.int/iris/bitstream/handle/10665/77434/WHO\\_RHR\\_12.37\\_eng.pdf?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf?sequence=1)

## Content of Proposals

CONCEPT NOTES should follow the same structure of a full proposal aligning with the Terms of Reference in **Annex A** of this document AND include **Annexes 1-6** as listed below.

FULL PROPOSALS are essentially a direct expansion of the concept note. They are to align with the Terms of Reference presented in **Annex A** of this document and include all elements of the concept note, including **Annexes 1-6** listed below.

1. Cover Letter: Proposals must be accompanied by a cover letter (not exceeding 1 page) with the respondent's address. The letter must be signed by a suitable authority to commit the agency to a binding contract. It must quote the RFP title. Please include references for past clients and contact information where appropriate.
2. Signed Declarations provided in **Annex D** of this document.
3. Implementation Plan: Proposals should clearly outline how the evaluation would be implemented in-country. This section should not exceed *four (4) pages* for CONCEPT NOTES and *ten (10) pages* for FULL PROPOSALS.
4. Annexes: Proposals will include the following Annexes:

### Annex 1: Qualifications and experience

- Provide examples of previous related research highlighting experience in supervision or contribution to similar studies.
- Include a sample of a previous report/s or research that the team has produced (preferably process evaluation report – up to 2 reports).
- Show qualifications of the key personnel of the team, including resumes/CVs of each of the key team members (up to 3 pages per CV).
- A description of the roles and responsibilities of each of the team members (up to 2 pages).
- The Team Leader and/or a Senior Gender Specialist on the team should have the ability to conduct rigorous gender-based analysis as part of the evaluation, as well as the ability to develop and implement gender-sensitive evaluation methodologies; a track record of doing so would be considered an asset.<sup>6</sup>

### Annex 2: Timeline

A sample timeline template can be found in **Annex B**. The timeline for the process evaluation should include deadlines for each activity but not limited to the items mentioned below. Any other project-specific time should be included as relevant.

- Initial review of documents provided by NI
- Inception meeting

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<sup>6</sup>Qualifications of a Gender Specialist include:

- A university degree in gender-related studies or social sciences
- At least 3 years of direct experience in sex-and gender-based analysis, gender mainstreaming, gender training, and/or gender-based research
- Experience in researching or evaluation and developing gender equality policy guidance, ideally in developing countries
- Experience in researching or evaluating nutrition or food security programs and policies, ideally in developing countries
- Experience conducting quantitative and qualitative research or evaluation, especially key informant interviews and/or participatory methodologies.

- Obtaining ethical approval (if required as an evaluation)
- Training
- Data collection and analysis
- Report preparation
- Final report
- Final financial report

**Annex 3: Financial Proposal (up to 3 pages)**

The consultant shall submit a Financial Proposal in a separate file detailing:

- A budget based on the format attached as **Annex C**.
- Breakdown of all activities, outputs, and deliverables.
- Estimated cost disaggregated by the number of days each of the team members will be working.
- Dates when separate financial reports will be submitted and when payment will be expected.
- All amounts need to be quoted in BDT. Fees should be inclusive of all insurance and standard business overheads and taxes.
- Nutrition International will not pay for any overhead or indirect costs that exceed 10% of the total direct costs to for-profit agencies. For NGOs or public institutions (governments or universities), NI can provide 10% for indirect/overhead cost on the total budget.

***Annex 4: Background information of the selected areas and factories (up to 2 pages)***

***Annex 5: A risk analysis exercise (up to 2 pages)***

Identify barriers and risks of implementing the evaluation, and for each risk, indicate what would be done to respond to these challenges. This includes risks to evaluation respondents, to NI and NLIFT, BKMEA, and so on.

***Annex 6: A list of acronyms used in the proposal (up to a ½ page)***

***Profile (team leader/s or key consultant/s)***

The consultant/agency interested in submitting a proposal to conduct this evaluation should have:

- At least 7 years of experience in conducting process evaluations and other types of evaluations or research such as monitoring projects in the field of nutrition and food security, possibly developing behavior change strategies and designing communication materials, ideally with emphasis on garment workers in Bangladesh.
- The consultant is expected to be aware of the most up-to-date evidence on weekly IFA supplementation.
- At least 5 years of experience in collecting and analyzing quantitative and qualitative data.
- Language skills: Speaking and writing in English and Bengali.
- Familiarity with the context of the region(s) in which the research will be conducted.
- Familiarity with weekly and daily (i.e. during pregnancy) IFA supplementation interventions and international guidelines is an asset.
- Completed a course on ethics in research on human participants and be able to train the evaluation data collectors on protecting human participants in research before the data collection.
- A qualified gender specialist (see footnote above) should be a member of, or contribute to, the team.
- A female Bangladeshi evaluation team member who can conduct interviews with the female factory workers in a safe space **is a must**.

# Annex A: TERMS OF REFERENCE

## Part 1: Project Background Information

Time period of the study: April – September, 2020 (data collection May – August, 2020)

### Background

Through financial and technical support from Nutrition International's Nutrition Leverage and Influence for Transformation (N-LIFT) program, in partnership with the Bangladesh Knitwear Manufacturers' and Exporters' Association (BKMEA), the Nutrition of Working Women (NoWW) program aims to improve the health, nutrition and well-being of workers, especially women, in readymade garment (RMG) factories. Specifically, the program aims to reduce anaemia by providing weekly iron-folic acid supplements (WIFAS) to women of reproductive age (WRA), between the ages of 20 – 49, working in select factories in the RMG sector in Bangladesh. Furthermore, basic knowledge of dietary diversity, anaemia, the importance of iron-folic acid (IFA) supplementation (weekly or daily depending on pregnancy status), and WASH principles will improve amongst RMG workers after participation in Nutrition Orientation Sessions.

The readymade garments (RMG) sector is the largest contributor to the Bangladesh economy. Over 11%<sup>7</sup> of Bangladesh's GDP and over 88%<sup>8</sup> of the country's exports are from this sector. The sector's other noteworthy contribution is its active role in fostering increased employment opportunities for women. The sector creates about 4 million employment opportunities, and is powered by young workers, many of whom are female (approximately 60% of the RMG workforce).

Many Bangladeshi girls and women join the RMG sector in early adulthood or even late adolescence (15 – 19 years) and discontinue at middle-age. The age distribution of workers at RMG factories have brought together the largest number of female late-adolescence and WRA (further referred to collectively as WRA) in the country. This group has specific nutritional needs, particularly and typically around iron, as iron requirements increase significantly after menses, and women typically have lower iron stores than their male counterparts. Anaemia, a condition which may result in symptoms such as fatigue and reduced capacity for learning and physical work, and increases the risk for negative maternal and birth outcomes if a woman becomes pregnant, is of high prevalence in WRA in Bangladesh, at 42%.<sup>9</sup> Furthermore, recent evidence suggests that up to 8 in 10 female RMG workers in Bangladesh are anaemic.<sup>10</sup>

WIFAS are oral supplements that consist of 60 mg of elemental iron and 0.4mg of folic acid (note: the recommended dose of folic acid is 2.8mg but this is currently not widely available, so the 0.4mg formulation is used). WIFA supplementation is recommended by the World Health Organization (WHO) as a preventative public health intervention for menstruating women living in areas where the prevalence of anaemia in women of reproductive age (WRA 15-49 years of age) is greater than 20% and no other public health intervention is in place to control anaemia.

Considering these contextual factors, the NoWW program seeks to leverage the RMG sector as a delivery platform for nutrition interventions, particularly WIFA supplementation. A summary of the program inputs can be found in the following table:

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<sup>7</sup>Bangladesh Bureau of Statistics (2017)

<sup>8</sup>ibid

<sup>9</sup>BDHS (2011)

<sup>10</sup>Khatun, T.; Alamin, A.; Saleh, F.; Hossain, M.; Hoque, A.; Ali, L. Anemia among Garment Factory Workers in Bangladesh. *Middle-East J. Sci. Res.* 2013, 16, 502–507



The program will utilize a tripartite Memorandum of Understanding (MoU) with the Institute of Public Health Nutrition (IPHN) in Bangladesh. The MoU outlines the partnership, which has evolved in a context where IPHN has set its targets and plan under the second national plan of action (NPAN2) on workplace nutrition.

The main objectives for the project include:

- To increase by 2020 the number of RMG workers and managers who understand and accept as true the: relationship between anaemia and productivity; importance of iron supplementation and anaemia prevention and control; and, importance of workplace nutrition programs;
- To increase by 2020 the number of RMG workers and managers who are sensitized on dietary diversity, anaemia and its causes and consequences (pregnant and non-pregnant), the importance of IFA supplementation (weekly or daily depending on pregnancy status), and basic WASH principles;
- To establish a sustainable supply and monitoring system for WIFA supplementation programs using the RMG sector platform by 2020; and,
- To develop by 2020 the capacity of BKMEA in planning, implementing and monitoring workplace nutrition programs

**Table 1: Logic Model for the NoWW Program**

<p><b>1100:</b> Increased resources allocated to support and implement the NoWW project by key decision-makers<sup>11</sup> in targeted ready-made garment (RMG) factories.</p>	<p><b>1200:</b> Improved delivery of quality gender responsive workplace nutrition interventions<sup>12</sup> by key intermediaries<sup>13</sup> in targeted RMG factories.</p>			<p><b>1300:</b> Increased adherence to the recommended scheme of IFA supplementation among women of reproductive age (WRA) working in targeted RMG factories.</p>	
<p><b>1110:</b> Increased motivation and will to support, plan, track, and scale quality gender responsive workplace nutrition interventions by key decision-makers and policy-makers<sup>14</sup>.</p>	<p><b>1210:</b> Increased availability of WIFAS in targeted RMG factories.</p>	<p><b>1220:</b> Improved capacity (knowledge and skills) to deliver and track quality gender responsive workplace nutrition interventions by key intermediaries in targeted RMG factories.</p>		<p><b>1310:</b> Improved knowledge and skills related to health, nutrition, and WIFAS by workers in targeted RMG factories targeted by NI, especially non-pregnant WRA.</p>	
<p><b>1111:</b> Advocacy and sensitization conducted on the importance and benefits of workplace nutrition projects, with an emphasis on the NoWW project, to key decision-makers and policy-makers.</p>	<p><b>1211:</b> WIFAS procured and delivered to targeted RMG factories.</p>	<p><b>1221:</b> Tools and job aids developed and provided on the delivery and tracking of quality gender responsive workplace nutrition interventions to key intermediaries.</p>	<p><b>1222:</b> Trainings conducted on the use of the plans, tools, and processes related to delivery and tracking of quality gender responsive workplace nutrition interventions for selected key intermediaries.</p>	<p><b>1223:</b> Regular supportive supervision and on-the-job-training conducted by select NI and BKMEA staff<sup>15</sup> with key intermediaries on the delivery and management of quality gender responsive workplace nutrition programs.</p>	<p><b>1311:</b> BCI materials on key health and nutrition topics developed and provided to Nutrition Trainers (NTs) and factory owners in targeted RMG factories.</p>

Originally, the program planned to implement in 260 factories straight away. Approximately six months after the program grant agreement was signed, it was decided that the program will instead utilize a phased, pilot approach:

1. 26 Master Trainers (MTs) from IPHN were trained in June of 2019;

<sup>11</sup>Owners and senior management in targeted BKMEA RMG factories.

<sup>12</sup>Includes: delivery of periodic nutrition sessions (orientation and refresher session after 6 months); weekly IFA supplements for non-pregnant WRA; and, daily IFA supplements for identified pregnant women.

<sup>13</sup>Nutrition Trainers, NTs, who are selected mid-level managers and Nutrition Volunteers, NVs, who are selected workers.

<sup>14</sup>Owners and senior management of targeted BKMEA RMG factories, BKMEA Board of Directors, and select government officials.

<sup>15</sup>BKMEA Project Manager, NI Coordinator of Monitoring & Partnerships, and BKMEA Field Coordinators.

2. Nutrition Trainers (NTs; approximately 495 at the factory level) will be trained in batches by the MTs beginning in November 2019;
3. Factory-level WIFA distribution<sup>16</sup> will be set up in 15 factories (four small, eight medium and three large<sup>17</sup>) in the Narayangonj Region beginning in December 2019 (i.e. learning cycle 1 [LC1]), wherein 41,097 workers will complete orientation sessions on the above-noted nutrition topics, and approximately 23,381 non-pregnant female workers will receive and consume WIFA supplements;
4. An internal learning workshop will be held the last week of February 2019; necessary adjustments to the design will be made;
5. Scale up to 15 additional factories in the Greater Dhaka Region, considering the learnings from LC1 in February 2020 (i.e. LC2 begins);
6. A second learning workshop will be held at the end of March or early April 2020; necessary adjustments to the design will be made;
7. The program will scale up to the remaining 126 factories beginning in March/April 2020 and will run until September 2020, after which time the program will be absorbed by NI's core programming.

The program has the following main components:

- WIFA supplementation for a total target (i.e. after scale-up to 126 factories) of 180,000 non-pregnant RMG workers
  - Establishing a sustainable supply and monitoring system of IFA supplements at the factory level; and,
  - Testing factory-level weekly distribution and consumption
- Daily iron-folic acid (IFA) supplementation for approximately 9000 pregnant RMG workers
  - Testing referral of pregnant women to the on-site medical staff for antenatal care (ANC), bulk (30 supplements at a time) distribution, and home-based consumption
- Behaviour change communication and nutrition education for 249,000 RMG workers (male and female, pregnant and non-pregnant) to positively affect knowledge, attitudes and practices (KAP) relevant to specific nutrition topics
  - Regional (26 master) and factory level trainers trained in nutrition (specifically, dietary diversity, anaemia, WASH, and weekly or daily IFA supplementation) to deliver nutrition orientation sessions; and,
  - Material/message distribution via various factory-level platforms
- Advocacy to the government and private sector on the importance of supporting workplace nutrition interventions

Note that this program will **not** include an impact evaluation (baseline or end-line) – a decision made approximately three months after signing of the grant agreement due to: the considerable evidence base around the effectiveness of WIFA supplementation when distribution and consumption are effective;<sup>18</sup> other organizations generating similar evidence in the region;<sup>19</sup> and, the considerable cost of collecting and analyzing blood samples. However, a monitoring and evaluation framework has been developed, and a select few indicators will be tracked and evaluated for project management purposes as well as reporting to the program donor. The NoWW Project's monitoring and evaluation framework and performance measurement framework can be found in Annex-F.

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<sup>16</sup>If and once RMG workers declare pregnancy status, they will be excluded from weekly IFA distribution and referred to the on-site medical facility for antenatal care (ANC) and bulk (i.e. 30 [three blister packs of 10]) IFA distribution for daily home-based consumption

<sup>17</sup>Small is defined as ≤500 total (male + female) workers; medium as 501 – 999 workers; large as ≥1000 workers.

<sup>18</sup>WHO (2011) *Prevention of iron deficiency anaemia in adolescents*. Role of weekly iron and folic acid supplementation. World Health Organization, Regional Office for South East Asia

<sup>19</sup>Hossain et al (2019). Effectiveness of Workplace Nutrition Programs on Anemia Status among Female Readymade Garment Workers in Bangladesh: A Program Evaluation. *Nutrients*, 11(6)

**Table 2: Summary of Factory Details<sup>20</sup>**

Table 2a: For LC1, Dec 2019 – Feb 2020; Narayangonj Region

Factory	Size	Total workers	Female workers	Pregnant workers <sup>1</sup>	WIFA required until March 2020	Nutrition trainers	Orientation Sessions <sup>1</sup>	Medical facility on site
1	Medium	800	390	20	7728	2	23	Yes
2	Medium	595	321	16	5712	2	17	Yes
3	Medium	720	324	16	7056	2	21	Yes
4	Medium	861	474	24	8400	2	25	Yes
5	Medium	805	390	20	7728	2	23	Yes
6	Medium	600	210	11	6048	2	18	No
7	Medium	570	217	11	5712	2	17	Yes
8	Small	450	247	13	4368	2	13	No
9	Small	400	120	6	4032	2	12	No
10	Small	366	162	8	3696	2	11	Yes
11	Large	4918	2787	140	18 648	14	30	Yes
12	Large	8475	5254	263	34 104	24	40	Yes
13	Large	7992	3977	199	32 592	22	35	Yes
14	Large	10 300	7210	361	42 840	29	40	Yes
15	Large	3245	1298	65	12 264	9	20	Yes
<b>Total</b>	<b>N/A</b>	<b>41 097</b>	<b>23 381</b>	<b>1173</b>	<b>60 480</b>	<b>118</b>	<b>345</b>	<b>3 No</b>

Table 2b: For LC2, Feb – April 2020; Greater Dhaka Region

Factory	Size	Total workers	Female workers	Pregnant workers <sup>21</sup>	WIFA required until March 2020	Nutrition trainers	Orientation Sessions <sup>22</sup>	Medical facility on site
16	Large	4415	2163	108	21 840	13	130	Yes
17	Large	4865	3871	194	23 520	14	140	Yes
18	Large	1546	1308	65	8400	5	50	Yes
19	Large	4579	2133	107	21 840	13	130	Yes
20	Large	4980	2588	129	25 200	15	150	Yes
21	Large	6200	2440	122	30 240	18	180	Yes
22	Large	3950	1461	73	20 160	12	120	Yes
23	Large	3327	1059	53	16 800	10	100	Yes
24	Large	3368	943	47	16 296	10	97	Yes
25	Large	5100	2428	121	25 200	15	150	Yes
26	Large	1450	850	43	8400	5	50	Yes
27	Large	8000	5600	280	38 472	23	229	Yes
28	Large	1900	1056	53	9240	6	55	Yes
29	Medium	800	371	19	3864	2	23	Yes
30	Small	283	100	5	1512	2	9	No
<b>Total</b>	<b>N/A</b>	<b>54 763</b>	<b>28 371</b>	<b>1419</b>	<b>31 416</b>	<b>163</b>	<b>1613</b>	<b>1 No</b>

<sup>20</sup>Further details provided to successful bidder

<sup>21</sup>Estimate that 5% of the female workforce are pregnant based on information obtained on site visits.

<sup>22</sup>To be completed between Feb 2020 and April 2020

## Part 2: Details of the Process Evaluation

A process evaluation is required for this program to help the team better understand whether program activities are implemented as planned, and why or why not. It will help the team better understand how well the program is working; the extent to which it is being implemented as designed; whether it is accessible and acceptable to the factory management/owners and the beneficiaries; and, allow the team to monitor how well the program plans and activities are working. It will also help the program team to capture any unintended consequences (if any) and better enable course correction as the program continues and scales up. As this is a new initiative (workplace nutrition, specifically in a private industry factory setting) for both NI and BKMEA, the program team anticipates many learnings, which should be systematically captured.

Most importantly, a process evaluation is required to contribute to the evidence base around the effectiveness of the Bangladeshi RMG factory setting as a platform for workplace nutrition interventions; specifically, factory-level WIFA distribution.

### ***Overall Objective of the Process Evaluation***

Goal of the program: Improve the health, nutrition and wellbeing of RMG workers; specifically, and to reduce anaemia in non-pregnant female workers via WIFAS.

Objective of the process evaluation: To assess, at the output/activities level, the fidelity of intervention and to see how the implementation of the intervention compares to the implementation plan, and the consequences of any deviations and adaptations of the design; to test the hypothesis that the Bangladeshi RMG sector is an effective platform and garment factories are effective partners for delivering nutrition interventions, particularly factory-level WIFA distribution; to identify strengths and weaknesses in program design and implementation to inform changes or improvements in the program's operations; to identify the effects (intended or not) of the activities on the promotion of gender equality and women's empowerment among factory workers; and, generate concrete, practical recommendations on if and how to transition these interventions (WIFA distribution and BCI) to scale using the RMG delivery platform.

This would include an analysis of the costs of implementation (human resources, capacity/skill sets mapping, financial resources, time and other supplies) as budgeted within the project, including direct financial support from NI and BKMEA; cost sharing for key elements of the program (staff salaries, training, monitoring, volunteer support and incentives for trainers); and, roles and responsibilities of the partners in the project with reference to the MoU between NI, BKMEA and IPHN.

The process evaluation will be designed based on the finalized program design that will be adjusted by the internally-managed learning cycle (LC) phases and implemented from April 2020 – September 2020 (i.e. scale-up-phase [SUP] as described above). The process evaluation should include factories which have begun implementation during LC1, LC2, and from the SUP on a rolling basis in coordination with BKMEA. For the questions below, where the answer is no, please provide explanation why.<sup>23</sup>

### ***Specific Objectives of the Process Evaluation***

- To determine if the project is implemented as guided by the implementation plan;
- To identify the unique and common factory level adaptations to the implementation design;
- To identify challenges and limitations and constraints to implementing the original design;

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<sup>23</sup>Further investigation will likely be required to identify proper course corrective measures for some of the process indicators. This is because sometimes the core problem or best corrective measure cannot be defined simply by identifying why implementation is not happening according to the plan.

- To identify factors contributing to the overall success of the project, including those specific to the RMG platform (unique and common), and those specific to NI's support role; and context and factors surrounding the factors;
- To identify challenges and weakness of the design and implementation of the project and suggest recommendations for mitigation strategies;
- To identify any elements of the project which may not be suitable for scale up; and, if possible, suggest recommendations for adjusting these elements for scale up;
- To translate learnings around utilizing the RMG platform for nutrition interventions for other audiences, such as government agencies, implementors, donors, the research community, etc;
- To assess the optimal role for NI in the supporting the factory level WIFAS distribution and workplace nutrition programs; and
- To assess how the NoWW project can be complementary and linked with health systems strengthening approaches, as well as the Bangladeshi MoH anaemia reduction efforts under NPAN II.

### ***Proposed Questions to be Answered by the Process Evaluation***

The following are broad research questions. The successful candidate(s)/firm may propose edits, additions, or deletions to this list; may use the proceeding REAIM framework questions; and should use the process indicators listed below (by no means exhaustive) to help answer these broader questions.

1. What are the views of factory owners, IPHN and other government officials, medical staff, BKMEA, NTs, NVs and beneficiaries in factories implementing the NoWW Program on the perceived success or shortcomings of the program? How does the program compare with their expectations? Please elaborate on their levels of motivation and engagement.
2. Are factory managers and NTs implementing the NoWW Program as per the implementation plan and on schedule?
  - a. What variations in implementation, if any, occur by factory?
  - b. Are there unique challenges to implementing the program by factory, and if so what are the contributing factors?
  - c. Describe any contextual factors noted (e.g. facilities, daily schedule, working hours, etc.) which may affect successful implementation
3. Do BKMEA, factory managers and NTs have the motivation, skills and support to plan, track and scale factory-level nutrition interventions similar to the NoWW Program? (i.e. factory-level nutrition commodity distribution and behaviour change communication).
4. Is the NoWW Program sufficiently resourced? (human, technical, time, financial, supply)
  - a. Which resources, if any, are being described as lacking?
5. Do workers have improved access to nutrition information at the factory level? Describe reported benefits, if any.
  - a. Are there any unintended perceived consequences for program participation attributed to an increase in access to nutrition information reported by workers and/or management?
6. Describe the reported perceived benefits of consumption of W/IFA supplements for female (pregnant and non-pregnant) workers, if any.
  - a. Are there any unintended/perceived consequences for program participation attributed to W/IFA consumption reported by female workers?
  - b. Are there any unintended/perceived consequences for program participation attributed to W/IFA consumption reported by medical staff?
7. Describe the reported perceived benefits of female non-pregnant workers' consumption of WIFA supplements for senior management and factory owners, if any.
  - a. Are there any unintended/perceived consequences for program participation attributed to W/IFA consumption reported by senior management or factory owners?
8. Please describe reasons for abstaining from supplementation (weekly in non-pregnant and daily in pregnant) for any WRA not taking part in the NoWW Program, if any.
9. What recommendations do program staff, including factory owners and managers, as well as medical staff, offer for future program implementors at the factory level?
10. Describe the reported perceived costs of participating in the WIFAS? (according to each stakeholder)
11. Describe the reported/perceived costs of participating in the Nutrition Education? (according to each stakeholder)
12. What recommendations do beneficiaries offer for current program adjustments or future program implementors at the factory level?
13. Please identify any administrative issues which have affected, negatively or positively, program implementation.

### ***Key process indicators which should be evaluated but are not included in project monitoring tools:***

#### *Distribution and consumption:*

- Is distribution taking place on Tuesdays per factory?
  - For factories not distributing on Tuesdays, when is distribution taking place and why?

- What time of day is distribution taking place per factory? How does this compare with shift timing and meal consumption?
- Are pregnant women receiving early ANC (i.e. before 12 weeks gestation?)
- Are pregnant women encouraged to come back for another ANC check up/to receive more IFA in 30 days?
- Are pregnant women supported by their supervisors to attend ANC every month?
- Are pregnant women receiving bulk (i.e. 30, 3x blister packs of 10) IFA for home consumption at each ANC visit?
- Are any pregnant women (who have declared their status) been included, inadvertently or otherwise, in the weekly distribution? Any stated reason why?
- What is the level of continued participation? Have all women who started the program stayed in the program?
- Have any women who initially declined/abstained from the program in the beginning joined later?
- Are cups available during distribution for any women who may not have their water bottle?
- Do women typically have water bottles for use during consumption?
- Does distribution happen near the designated water stations? Is water available at time of consumption?
- Are the NTs popping the supplement into the women's hand as instructed? (i.e. NT does not touch the supplement).
- Are women encouraged to wash their hands before distribution time?
- Is hand soap available on each floor of the factory?

*Monitoring and reporting:*

- Who is mainly filling out the consumption register per factory?
- Are the monitoring forms being filled out properly and on time per factory?
- Are the data being communicated monthly to FCs; IT officers; BKMEA; NI for roll-up? How are these being shared back to BKMEA and factories and also up to MoH?

*BCI:*

- How are the NTs, FCs and medical staff delivering messages/nutrition education outside of the nutrition orientation sessions? How do they feel about ability to deliver?
- How are badges perceived?
- Do NTs, FCs and medical staff find the handbooks useful? Any suggested changes?
- How many medical staff have been sensitized on the NoWW program (defined as having attended one orientation session) per factory?
- Are jingles/audio spots being played twice per week? Are they being heard?
- On average, how many posters related to the program are appearing per floor per factory?
- Has at least one WIFA Day (i.e. refresher training) been held per factory by the completion of the process evaluation for factories that have been implementing for  $\geq 6$  months?
- Has there been any reported inconsistencies with BCC messaging between factories or from the materials provided as reference?
- Note of any BCC materials in the factory from other sources (i.e. not the NoWW Program); note any inconsistencies with GoB/IPHN messaging

*Stock:*

- How is stock being monitored and reported? Is stock being monitored weekly as planned?
  - Is this information being rolled up to the FCs on a monthly basis as planned?
  - Who is mainly handling the stock?
- Does an information leaflet accompany each stock?
  - Are disposal instructions included?
  - Is the name and mobile number of the respective Field Coordinator indicated on the leaflet?



- Is the expiry date written clearly on the large stock box?
- Any stock outs?
  - How long? Are instructions for resupply clearly posted?
- Are medical staff filling out the stock monitoring form when they distribute 3x blister packs of 10 IFA for pregnant workers' home consumption? How does restock occur? Any follow up to check on accessing of ANC?
- If any, has leftover/unused/about-to-expire (i.e. ≤30 days) stock been disposed of according to instructions?
- Is the stock being stored in the medical facility as instructed? If not, where? Why?
  - *\*\* Factories where there is no medical facility will be an inherent exception. Please see Table 2. \*\**

Note: Nutrition International has a particular interest in utilizing the **RE-AIM framework** for process evaluation. The goal of RE-AIM is to encourage program planners, evaluators, readers of journal articles, funders, and policy-makers to pay more attention to essential program elements including external validity that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions. The five areas of focus under RE-AIM are Reach, Effectiveness, Adoption, Implementation, and Maintenance. The following lists potential research questions relevant to each of these areas:

### Reach

- What planned and actual recruitment procedures were used to attract individuals?
- What were identifiable barriers to recruiting individuals?
  - A) WIFAS and B) Nutrition Education (consider gender in participants)
- What planned and actual procedures were used to encourage continued involvement of individuals?
- What were identifiable barriers to maintaining involvement of individuals?
- How has the program been advertised/promoted?
- Who developed and/or who approved these methods of advertisement/promotion?
- Has the target population been reached? Have they participated in the program?
  - Have any intended beneficiaries been left out? Why? How?
- Is the population of individuals who accessed the program representative of the overall target population?
- What methods were used to attract underserved populations?
- What has been the experiences of volunteers and trainers engagement and motivation over time?

### Effectiveness:

- Were the objectives of the intervention(s) clearly defined and to what extent have these objectives been achieved so far?
- How do members of the target population respond to the method of administration of : WIFAS; and Nutrition Education?
- How are supplements being given? How is nutrition education being delivered? How does this compare with design?
- How is it ensured that the intervention is taken or given properly?
- Have side effects of the intervention(s) been reported? If so, what are the side effects?
- To what extent are the originally defined objectives of the development intervention realistic?
- Which agencies were involved in implementing intervention(s) and are there clear roles for each?
- What coordination mechanisms between agencies are in place?
- What is the level of knowledge among the target population and their influencers on the intervention(s)?
- What is the level of satisfaction or acceptability by the garment factory workers? Around WIFAS? Around Nutrition Education? Any gender differences in perspectives?
- Are there any standards and/or guidelines for the intervention(s) and, if so, how are they used?
- Is there a local/national/international policy relevant to the intervention(s)?

- How are additional costs from the intervention(s), if any, taken care of?

### **Adoption**

- To what extent are program components and/or activities being used by target institutions?
- Who monitors institutional adoption of the program and how do they monitor it?
- Are there identifiable environmental supports for adoption (promoting factors)?
- Are there identifiable environmental threats to adoption (inhibiting factors)?

### **Implementation**

- Are there any identifiable existing and/or likely adaptations and/or modifications to the program related to implementation? How does implementation differ across settings? What are enabling factors at factory level and constraining factors?
- Describe the roles of specific individuals in the project and then compare what: master trainers, volunteers, workers etc. did vs. what was expected of them.
- What mechanisms are in place to monitor adaptations and/or modifications to the program related to implementation?
- Are there any identifiable obstacles to consistent implementation (e.g. competing programs, regulatory obstacles)?
- Are there additional costs and resources (time investment, work burden) to the program? If so, are these available and reasonable?

### **Maintenance**

- Is it reasonable to believe that the program will be able to be sustained? What external resources would be required? What would happen without external resources?
- Are there plans to leave trained staff in place after the program ends? What is turnover like for the staff who were trained?
- Are necessary infrastructural and human resource supports in place to sustain the program? If so, will these remain in place after the program ends?
- Are there identifiable existing or likely adaptations and/or modifications to the program related to sustainability?
- What mechanisms are in place to monitor adaptations and/or modifications to the program related to sustainability?
- What would forecasting, procurement and reporting look like long term? How would MoH be involved? And NI?

Information and guidance for applying the RE-AIM framework may be found at: [www.re-aim.org](http://www.re-aim.org)

# Methods & Design

## Methodology

It is envisaged that a mix-methods data collection strategy will be adopted for the process evaluation. It could be sequential mixed methods, in which the research seeks to elaborate on or expand on the findings of one method with another method. For example, beginning with a qualitative interview for exploratory purposes, and following up with quantitative survey. Or, concurrent mixed methods, in which the research converges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. Another alternative could be transformative mixed methods, in which the researcher uses a theoretical lens as a perspective within a design that contains both qualitative and quantitative data. These are similar to the inductive and deductive approaches to a qualitative research enquiry. The methods of inquiry could include the following among other methods of enquiry:

- Stakeholder interviews
- Documentary analyses
- Qualitative observation
- Structured observation
- Implementer self-report
- Routine monitoring data
- Implementer interviews
- Participant interviews
- Focus group discussions (FGDs) and In-depth interviews (IDIs)
- Case studies
- Most significant change (MSC) stories (<https://www.mande.co.uk/wp-content/uploads/2005/MSCGuide.pdf>)

The process evaluation may include formal discussion with NI, BKMEA and Government officials to understand the Project concept and design; strategies, components and activities. It may also include:

- Literature review (desk research) of similar interventions and project design documents
- Prepare a detailed conceptual framework and flow chart of chronological implementation of the programme from its initiation to start up, scaling and its outcomes.
- Prepare tools to collect information to document the entire process and use of qualitative methods for content analysis
- Field visit and discussion with various stakeholders using mostly qualitative methods of data collection
- Document the mid-term course corrections in the programme, if any.

The broad area of enquiry based on the program outputs along with certain key questions and the possible stakeholders to be contacted are described briefly as follows:

In order to understand the perceptions, knowledge, attitudes, practices, bottlenecks related to dietary diversity, iron and folic acid supplementation, and WASH, Focus Group Discussions (FGDs) and In-depth Interviews (IDIs) will be conducted. The following number of FGDs, in-depth interviews and case studies are proposed to be conducted:

**Table 3: Proposed (to be discussed) number of FGDs, IDIs and Case studies to be conducted to inform this process evaluation**

Respondent groups	FGDs	IDIs	Case Studies
Non-pregnant and non-lactating female factory workers	10	10	2
Pregnant female factory workers	5	5	2
Male factory workers	5	5	2
Master Trainers from BKMEA	2	5	1

Nutrition Volunteers (NVs)	3	5	2
Nutrition Trainers (NTs)	3	5	2
Field Coordinators (FCs)	-	2	-
Factory Owners/managers	-	5	-
IPHN (DPM/ Line Director)/BNNC DG	-	2	-
NI officials (CD/ Coordinator/ Finance personnel)	-	2	-
BKMEA (Board of Directors/ Vice President/ Directors)	-	2	-

## Deliverables

A phase-wise plan along with methodology for conducting the process documentation including time and travel plan

1. Guides and tools to collect information
2. Field visit plan as per suggested and agreed upon schedule between NI and the prospective agency
3. Meeting schedule with key stakeholders
4. First draft of the complete process evaluation report
5. Process evaluation report finalized after review by NI, IPHN and BKMEA
6. Power point presentation summarizing the key findings

## Data

### *Ethics*

Please describe any ethical concerns that are predicted to arise during the research as well as actions that will be taken to minimize these concerns. Insert a description of how data collection for the evaluation will be conducted in an ethical manner. Remember that the peer reviewers of any publications arising from the research will be concerned with the ethical conduct of the research and ethical data collection. Of particular note to this evaluation are the factory setting and young workers.

### *Data Report*

The report is to be congruent with an outline and/or table of contents approved by NI.

### Relevant documents:

1. Process evaluation of complex interventions: <https://mrc.ukri.org/documents/pdf/mrc-phsrn-process-evaluation-guidance-final/>
2. Applying RE-AIM framework: <http://www.re-aim.org/wp-content/uploads/2016/08/sbmworkshop2014.pdf>
3. RE-AIM framework: <http://www.re-aim.org/wp-content/uploads/2016/10/NAPCRGtalk.pdf>
4. RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review: [http://www.ucdenver.edu/academics/colleges/medicalschoo/programs/ACCORDS/sharedresources/DandI/Documents/Glasgow\\_REAIM%20at%202020.pdf](http://www.ucdenver.edu/academics/colleges/medicalschoo/programs/ACCORDS/sharedresources/DandI/Documents/Glasgow_REAIM%20at%202020.pdf)
5. RE-AIM framework: <http://web1.sph.emory.edu/DTTAC/planningFundamentals/docs/Mod5-7REAMFramework.pdf>
6. Most significant change (MSC) stories (<https://www.mande.co.uk/wp-content/uploads/2005/MSCGuide.pdf>)

7. Gender equality and analyses:

- UNEG guidance on gender and evaluation: <http://www.uneval.org/document/guidance-documents>
- Country level (e.g. DHIS 2, Health Management and Information System data, survey data available)
- Gender Development Index: <http://hdr.undp.org/en/content/genderdevelopment-index-gdi>
- World Bank Gender Data Portal: <http://datatopics.worldbank.org/gender/>
- OECD Development Centre's Social Institutions and Gender Index (SIGI): <http://www.genderindex.org>
- Compendium of gender scales (including empowerment of females, gender norms and attitudes and beliefs, household decision-making, etc.): <https://www.changeprogram.org/content/gender-scales-compendium/>

# Activities & Deliverables

The Consultant/agency will carry out the following activities and provide relevant deliverables:

## 1. Preparatory Phase

*Activity 1.* Consultation to finalize the proposal: Consultant/agency upon signing of contract and in advance of the mission the consultant/agency will meet NI HQ, BKMEA, and Bangladesh Country Office staff, and relevant stakeholders (as brought in by NI) through a preparatory in-person-, or tele-, or video-conference and collectively agree upon – a) the areas of focus; b) contextual approach of the review; and c) the need for NI focal points to work closely with the review team.

**Deliverable 1:** Final version of proposal with timeline (example in **Annex-B**) and budget (example in **Annex-C**)

## 2. Completion of ethics training Informed consent process

The informed consent process can take on various forms:

- Signed informed consent is the standard expectation in research with human participants. This is in the form of a document with the elements of informed consent, signed and dated by the participant and kept as a record by the researcher.
- In research with children, assent of the child and parental permission are standard requirements.
- In some circumstances, investigators can seek alternatives to standard informed consent procedures, such as:
  - A waiver of using a signed consent form (e.g., giving participants an information sheet but not collecting signatures)
  - A waiver of written consent (e.g., using oral consent procedures)
  - A waiver of some or all of the elements of informed consent (e.g., in research that involves deception)

It is not uncommon for a research project to involve one or more of the above scenarios. Both consent and assent involve informing potential participants about the research and its risks and benefits, and documenting their understanding and agreement to participate. The reason the different terms are used has to do with the age of the participants. In research involving **adults**, "**consent**" is obtained from individuals to participate in the study. In research involving minors, a parent must give permission to allow the child to participate in the research, and **children** who are able to understand information about participation are asked to "**assent**" or agree to participate as well.

*Activity 2.* The research team leaders and all team members with full access to collected data must complete certification in internationally recognized human subjects research training, such as TCPS (<https://tcps2core.ca/login>), and supervisor/ enumerator training must demonstrate that all staff who will have direct or indirect access to any participants or their data have signed agreement to adhere to these requirements. Confirmation of completion will be provided at the end of the course.

**Deliverable 2:** Certificate of ethical course completion, including informed consent

## 3. Finalize protocol

*Activity 3.* The consultant/agency will finalize the draft proposal including tools (questionnaire, checklists, modules, etc.) that will enable them to answer the research questions.

**Deliverable 3:** Final protocol.

## 4. Desk Review

*Activity 4.* Review of all relevant documentation, including the project proposal, monitoring and evaluation framework including the performance measurement framework (Annex F), the behaviour change initiative

strategy and accompanying behaviour change communication tools and materials, project annual reports, and more. In addition, development of a well-organized online repository of documents and tools relevant to the scope of the NoWW program should be undertaken.

**Deliverable 4:** Report that summarizes the conclusions of the Desk Review. An online repository of documents and tools relevant to the scope of the project.

## **5. Field Work**

*Activity 5.* Travel to NI and BKMEA offices, and relevant factories in the Narayangonj and Dhaka Regions to interview key actors (Nutrition International staff, BKMEA staff, factory workers and management, etc.), and collect complementary documentation.

**Deliverable 5:** Report on field visits

## **6. Analysis and Reporting**

*Activity 6.* Analyze and triangulate all information collected during desk review and field work and prepare a draft report that:

- 6.1. Contains a Table of Contents (ToC) which needs to be finalized in consultation with NI
- 6.2. Executive Summary
- 6.3. Introduction/background
- 6.4. Methods
- 6.5. Results (gender analysis reflected)
- 6.6. Conclusions/recommendations/lessons learned (gender analysis reflected)

*Gender analysis:*

- 6.7 The report should also provide lessons/challenges/recommendations for conducting gender-responsive evaluation based on the experience of this evaluation

**Deliverable 6.** Draft report with findings, including an executive summary of the report to be shared with Nutrition International staff at country, regional and headquarters levels.

## **7. Dissemination meeting with NI staff**

*Activity 7.* The consultant/agency will disseminate the findings to the Nutrition International and BKMEA staff and discuss and finalize plan for sharing the recommendations in moving forward. The medium for dissemination will be agreed upon in consultation with NI.

*Activity 8.* Prepare final report that includes recommendations.

**Deliverable 7.** Final report according to the agreed upon ToC, which includes recommendations and future directions, and planned dissemination and related materials. Related materials include submission of all data and data collection tools, and other materials produced relevant to this project during the contracting timeline.

# Annex B. EVALUATION PROJECT IMPLEMENTATION PLAN, TIMETABLE AND ROLES AND RESPONSIBILITY

Activities	Deliverables	May				June				July				August			
		V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4



## Annex C. EVALUATION BUDGET<sup>24</sup> TEMPLATE

	Particulars	Person Days	Rate	Remarks
<b>A</b>	<b>SALARIES/PROFESSIONAL FEES</b>			
<b>A1</b>	Professionals			
<b>A2</b>	Field Staff/Consultants			
	<b>Sub Total of A</b>			
<b>B</b>	<b>TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance)</b>			
<b>B1</b>	Local Conveyance for field work			
<b>B2</b>	Local Conveyance for Professional Staff			
<b>B3</b>	Local Conveyance for Field Researchers			
	<b>Sub Total of B</b>			
<b>C</b>	<b>In-Country Travel (Travel expenses for Professional staff from base station to states/districts:</b>			
<b>C1</b>	Air Travel			
<b>C2</b>	Train Travel			
	<b>Sub Total of C</b>			
<b>D</b>	<b>DAILY ALLOWANCE/LODGING EXPENSES</b>			
<b>D1</b>	Professional staff			
<b>D2</b>	Field researcher			
	<b>Sub Total of D</b>			
<b>E</b>	<b>OFFICE EXPENSES</b>			
<b>E1</b>	Stationary			
<b>E2</b>	Communication & any other			
	<b>Sub Total of E</b>			
<b>F</b>	<b>MEETING EXPENSES</b>			
<b>F1</b>	Consultation workshop cost			
	<b>Sub Total of F</b>			
	<b>TOTAL OF DIRECT COST (A to F)</b>			
<b>G</b>	<b>Management Cost (10%) on Total Direct Cost</b>			
<b>H</b>	<b>Total (A to F)+G</b>			

<sup>24</sup>Budget range for this evaluation is 1.9 BDT to 2.5 BDT

## Annex D. DECLARATION FORM

“We have examined the information provided in your Request for Proposals (RFP) and offer to undertake the work described in accordance with requirements as set out in the RFP. This proposal is valid for acceptance for 6 months and we confirm that this proposal will remain binding upon us and may be accepted by you at any time before this expiry date.”

“We accept that any contract that may result will comprise the contract documents issued with the RFP and be based upon the documents submitted as part of our proposal.

“Our proposal (Technical and Financial) has been arrived at independently and without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any other Respondent to or recipient of this RFP from the Nutrition International.

“All statements and responses to this RFP are true and accurate.”

“We understand the obligations regarding Disclosure as described in the RFP Guidelines and have included any necessary declarations.”

“We confirm that all personnel named in the proposal will be available to undertake the services.”

“We agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs.

“I confirm that I have the authority of [insert name of organization] to submit this proposal and to clarify any details on its behalf.”

Name: .....

Title: .....

Date: .....

Signature: .....

# Annex E. Nutrition International Global Child Safeguarding Policy

## Introduction

Nutrition International (NI) is Canada's global nutrition organization. Founded in 1992, NI (formerly the Micronutrient Initiative) is dedicated to delivering proven nutrition interventions to those who need them most.

NI has grown significantly in the past 5 years and expects this to continue through at least to the end of the current strategic plan (2024). While we increase our investment in efforts to reach more children with health and nutrition interventions, we stand committed to preventing child abuse and to the safeguarding of children.

NI fully acknowledges the duty of care to protect and promote the welfare of children and young people it comes into contact with through our programs. In addition, NI is committed to ensuring child safeguarding practice reflects statutory/legal/legislative responsibilities and current guidance and advice and that it complies with best practice and any specific local requirements. NI recognizes that it is the shared responsibility of all adults to do what they can to prevent child abuse in all its forms.

This policy sets out our values, principles, and beliefs and describes the steps we will take to meet our commitment to safeguarding children.

## Definition of a child

The United Nations Convention on the Rights of the Child defines a child as “any human being under the age of eighteen, unless the age of majority is attained earlier under national legislation.” This means every human being under the age of 18 unless under the law applicable to the child, the threshold of adulthood is declared earlier.

Canada became a signatory to the Convention on May 28, 1990, and ratified in 1991.

For the purposes of this policy, NI considers a child to be a person under the age of 18 years.

The term “young person/people” is also used in this policy, in conjunction with the term “child”.

## Values and principles that inform the policy

- Children's welfare: The best interests of the child are paramount.
- Equity: All children and young people have a right to be protected from abuse regardless of age, gender, disability, culture, economic status, language, racial origin, religious beliefs or sexual orientation.
- Children's rights: Children have the right to happy and healthy development without fear of harm or exploitation. Children also have the right to be heard and to be involved and consulted in matters that concern them.
- Families and communities: Measures that support parents, teachers, health workers and other members in the local community to provide children with care, love, and respect is the best way to contribute to their health, development, and safety.
- Local and national authorities: Local and national authorities have the primary responsibility to put in place structures to prevent, protect and take care of the recovery of abused children.

## **Scope of this policy**

This policy applies to all Nutrition International staff, including all implementing partners, Board members, contractors, visitors and volunteers involved in the work of Nutrition International.

What we will do

### **1. *Raise awareness amongst all staff and implementing partners***

All NI staff and partners have a duty to safeguard children they come into contact with through the course of their work. This will be achieved by:

**Training for staff:** NI will provide staff with the appropriate level of training and/or learning opportunities to recognize, identify and respond to signs of abuse, neglect, and other child safeguarding concerns encountered in our programs. NI will also ensure that all staff understand their roles and responsibilities with respect to child safeguarding and what they should and shouldn't do when working with or around children.

**Awareness raising for partners:** NI will build the awareness of partner organizations so that they understand their responsibilities according to this policy and in order to minimize the risk NI's programs pose to children's safety.

### **2. *Minimize the risk our programs pose to children***

Nutrition International is committed to the promotion of a protective environment for children we work with and will seek to prevent violence, abuse, and exploitation of children. This will be done through:

**Leadership:** NI's Executive Management Committee will ensure appropriate child safeguarding skills, oversight, and accountability are built into the roles and responsibilities of nominated staff at different levels.

**Open communication:** NI will encourage open discussion of child safeguarding issues within teams and programs.

**Situation analysis:** NI will assess each program to identify situations that might put children at risk and develop mitigation strategies.

**Children's participation:** One of the best ways to safeguard children is to empower them to protect themselves. Age-appropriate mechanisms will be in place to ensure children's opinions are sought, their voice is heard and that they are treated with dignity and respect.

**Safe recruitment:** NI reserves the right not to employ any personnel that poses a risk to the safety of children and will take active measures to prevent this from happening.

**Considered use of public communications:** NI will put in place measures to ensure its public presence (electronic and in print) does not inadvertently put children at risk through the unintended use of digital images or of other communications material.

### **3. *Put in place a reporting mechanism and ensure appropriate follow-up***

NI will ensure that incidents or concerns of child abuse are reported internally and passed to the relevant agency or authority as appropriate. In addition, NI commits to:

**Timely reporting and response:** All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately, including formal reporting to official authorities when appropriate. Support will be provided to children who are the subject of reports.

**Accurate and confidential records:** Confidential, detailed and accurate records of all child safeguarding concerns will be maintained and securely stored.

**Complaints mechanism:** A complaints mechanism will be set up for staff or partners to make confidential reports.

**Protection for whistleblowers:** Provisions to support the welfare of the individual(s) who raise or disclose concern(s) will be put in place.

#### Poor practice

Nutrition International takes poor practice seriously and deems it unacceptable.

Examples of poor practice include – but are not limited to:

- When insufficient care is taken to prevent harm;
- Allowing abusive or concerning practices to go unreported;
- Placing children or young people in potentially compromising and uncomfortable situations with adults, including the inappropriate use of technology/social media;
- Ignoring health and safety guidelines;
- Failing to adhere to Nutrition International policies for staff conduct at work;
- Knowingly make false claims related to this policy against another staff member.

The judgment about whether an incident is one of child abuse or poor practice may not be able to be made at the point of reporting but will be made after an investigation and the collection of relevant information. All poor practice concerns will be dealt with initially by the Country Director, Regional Director, and the regional and global child safeguarding focal points.

All reported cases of poor practice in relation to this policy will be dealt with according to NI's disciplinary processes.

#### Compliance

Non-compliance with the child safeguarding policy will lead to disciplinary proceedings, with sanctions including suspension or termination of arrangements.

The Executive Committee will be notified of all reported incidents.

# NI Child Safeguarding Policy Attachment 1: Relevant laws and endorsements

Canadian federal, provincial and territorial laws protecting children from abuse, violence and harm and those outlining measures for reporting known or alleged cases of abuse.

Applicable laws in the countries where Nutrition International operates programs, services and/or delegations.

The United Nations Convention on the Rights of the Child (UNCRC) and other applicable international treaties, laws and conventions.

Nutrition International is committed to ensuring children's right to protection, in line with UNCRC.

The following articles are particularly significant:

Article 19 – Protection from all forms of violence

Article 32 – Child labour

Article 33 – Drug abuse

Article 34 – Sexual exploitation

Article 35 – Abduction, sale and trafficking

Article 36 – Other forms of exploitation

Article 39 – Rehabilitation of child victims

Further information at [https://www.unicef.org/crc/files/Rights\\_overview.pdf](https://www.unicef.org/crc/files/Rights_overview.pdf)

Additionally, the Government of Canada endorses a number of international efforts to protect children from sexual exploitation, including:

- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography that requires countries to undertake measures to prevent all forms of sexual exploitation of children;
- G8 Strategy to Protect Children from Sexual Exploitation on the Internet;
- International Labour Organization's Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour; and
- Council of Europe Convention on Cybercrime.

Department of Foreign Affairs and Trade, of Australia (DFAT) funded projects

The following applies as directed by the DFAT Child Protection Policy, 2017:

It is mandatory for all DFAT staff and partners to report immediately any suspected or alleged case of child exploitation, abuse or policy non-compliance by anyone within the scope of the policy in connection with official duties or business. All reports should be made to [childwelfare@dfat.gov.au](mailto:childwelfare@dfat.gov.au) and to the relevant DFAT Agreement Manager.

# NI Child Safeguarding Policy Attachment 2: Definitions

## Definitions of abuse

Child abuse includes physical, emotional and sexual abuse, child labor and/or neglect. It also addresses a pattern of abuse and risks of harm.

**Physical abuse** is any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cutting, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm, and is also considered abuse.

**Neglect** occurs when a caregiver fails to provide basic needs such as adequate food, sleep, safety, education, clothing or medical treatment. It also includes leaving a child alone or failing to provide adequate supervision. If the caregiver is unable to provide the child with basic needs due to financial inability, it is not considered neglect, unless relief has been offered and refused.

**Emotional abuse** is a pattern of behavior that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence.

**Sexual abuse** occurs when a child is used for the sexual gratification of an adult or an older child. The child may cooperate because he or she wants to please the adult, or out of fear. It includes sexual intercourse, exposing a child's private areas, indecent telephone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures (child pornography) or videos, or engage in prostitution.

**Child labor** is often defined as work that deprives children of their childhood, their potential, and their dignity, and that is harmful to physical and mental development.

It refers to work that:

- Is mentally, physically, socially or morally dangerous and harmful to children; and
- Interferes with their schooling by:
  - Depriving them of the opportunity to attend school;
  - Obliging them to leave school prematurely; or
  - Requiring them to attempt to combine school attendance with excessively long and strenuous work.

Definitions used are taken from the Ontario Association of Children's Aid Societies (OACAS) [www.oacas.org](http://www.oacas.org) and from the International Labour Organization (ILO) <http://www.ilo.org/>.

## Annex F. NoWW Performance Measurement Framework (PMF)

Expected Result	Indicator	Indicator will be tracked/measured	Data Collection Methods	Frequency of data collection
<b>1100:</b> Increased resources allocated to support and implement the NoWW project by key decision-makers in targeted RMG factories.	1100-1: Average duration of the orientation sessions conducted by factories in the past month	Yes	Observational Visit	Monthly
	1100-2: Average time allocated by factory management for the weekly consumption of IFA supplements in the past month	Yes	Observational Visit	Monthly
<b>1200:</b> Improved delivery of quality gender responsive workplace nutrition interventions by key intermediaries in targeted RMG factories.	1200-1: # and % of targeted factories implementing the NoWW project interventions in the past month a. # and % of targeted factories who have completed nutrition sessions to date (disaggregated by session type, i.e. orientation & WIFA day) b. # and % of targeted factories distributing and confirming consumption of WIFA in the past month c. # and % of targeted factories distributing daily IFA supplements to identified pregnant	Yes	Observational Visit	Monthly



	women in the past month d. # and % of targeted factories with the provided BCI materials accessible and/or in view			
	1200-2 # and % of NTs conducting nutrition sessions as per the facilitation guidelines	Yes	Observational Visit	Monthly
	1200-3 # and % of RMG factory workers who have participated in the nutrition session(s) (disaggregated by sex)	Yes	Observational Visit	Monthly
<b>1300:</b> Increased adherence to the recommended scheme of IFA supplementation among women of reproductive age (WRA) working in targeted RMG factories.	1300-1: # and % of workers who have consumed IFA supplements on a weekly basis in the past month	Yes	Registers	Monthly
	1300-2: # and % of workers who have consumed the recommended scheme of WIFA in the past year	Yes	Registers	Monthly
	1300-3: # and % of identified pregnant women who received a bulk supply of IFA for consumption	Yes	Registers	Monthly
<b>1110:</b> Increased motivation and will to support and scale quality gender responsive workplace nutrition	1110-1: % of participants reporting that the roundtable discussion was useful	Yes	RTD Questionnaire	Periodic, as required

interventions by key decision-makers and policy-makers.	1110-2: % of participants reporting increased knowledge re: the NoWW project	Yes	RTD Questionnaire	Periodic, as required
	1110-3: % of participants that perceive nutrition as being important, especially in relation to the workplace	Yes	RTD Questionnaire	Periodic, as required
1210: Increased availability of WIFAS in targeted RMG factories.	1210-1: # and % of targeted factories with adequate supply of WIFAS	Yes	Observational Visit	Monthly
	1210-2: # and % of targeted factories properly storing WIFAS supplies	Yes	Observational Visit	Monthly
1220: Improved capacity to deliver and track quality gender responsive workplace nutrition interventions by key intermediaries in targeted RMG factories.	1220-1: # and % of NTs who have improved knowledge and skills as per pre post training tests	Yes	Pre-post Test	Periodic, as required
1310: Improved knowledge and skills related to health, nutrition, and WIFAS by workers in targeted RMG factories targeted by NI, especially non-pregnant WRA.	1310-1: # and % workers trained who report having heard or seen the key BCI messages	Yes	Observational Visit	Monthly
	1310-2: # and % workers trained who self-report having increased knowledge related to the key health and nutrition messages of the project intervention(s)	Yes	Observational Visit	Monthly
1111: Advocacy and sensitization conducted on the importance and	1111-1: # of participants attending the zonal roundtable	Yes	Event Report / Attendance Sheets	Monthly

benefits of workplace nutrition projects, with an emphasis on the NoWW project, to key decision-makers and policy-makers	discussions (disaggregated by sex and participant type, e.g. government officials, board of directors, owners, and senior management representatives)			
	1111-2: # and % of owners and senior management representatives from targeted factories attending zonal roundtable discussions (Current denominator of 154 but may change. Indicator should also be disaggregated by sex and zone)	Yes	Event Report / Attendance Sheets	Monthly
	1111-3: # of participants attending the national-level discussion (disaggregated by sex and participant type, e.g. government officials, board of directors, owners, and senior management representatives)	Yes	Event Report / Attendance Sheets	Monthly
1211: WIFAS procured and delivered to targeted RMG factories.	1211-1: # of tablets procured and/or distributed to factories	Yes	Procurement contract and/or procurement/distribution records	Annually
1221: Tools and job aids developed and provided on the delivery and tracking of quality gender responsive workplace nutrition	1221-1: # and % of factories who have received and distributed the materials to NTs	Yes	Observational Visit	Monthly

interventions to key intermediaries.				
1222: Trainings conducted on the use of the plans, tools, and processes related to delivery and tracking of quality gender responsive workplace nutrition interventions for selected key intermediaries.	1222-1: # of training sessions held (disaggregated by training type, e.g. MT 5-day session and NTT ToT)	Yes	Event Report / Attendance Sheets	Monthly
	1222-2: # of people trained (disaggregated by sex and participant type, i.e. MTs and NTs)	Yes	Event Report / Attendance Sheets	Monthly
	1222-3: % of factories with the targeted number of NTs trained	Yes	Event Report / Attendance Sheets	Monthly
	1222-4: # and % of NTs receiving their incentive pay for each orientation session	Yes	Observational Visit	Monthly
	1222-5: # and % of factories providing incentive pay to NTs after each orientation session	Yes	Observational Visit	Monthly
1223: Regular supportive supervision and on-the-job-training conducted by select NI and BKMEA staff with key intermediaries on the delivery and management of quality gender responsive workplace nutrition programs.	1223-1: # and % of NTs who have received at least one supportive supervision and on-the-job-training by an MT	Yes	Observational Visit	Monthly
	1223-2: # and % of factories identified through observational visits who received identified supportive supervision and on-the-job-training in the previous month	Yes	Observational Visit	Monthly
1311: BCI materials on key health and nutrition topics	1311-1: # and % of factories who have received the	Yes	Observational Visit	Monthly

developed and provided to Nutrition Trainers (NTs) in targeted RMG factories.	relevant BCI materials			
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