**Saving Women And Premature (SWAP) babies project**

**Funded by: Various Donor through SCUS**

Terms of Reference (ToR)

for

Development of a training package for the provider on Family Centered Care (FCC) for sick children at facility

August 2022

Save the Children

Health and Nutrition Sector

# Project Summary

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| Type of Task | Develop a training package on Family Centered Care (FCC) for the capacity building of health service providers of five designated facilities of SWAP project to deliver FCC along with the sick Newborn care at the facility |
| Name of the project | Saving Women And Premature (SWAP) babies Project |
| Project Start and End dates | April 2022-December 2023 |
| Project duration | 21 months  |
| Project designated facilities: | Bangabandhu Sheikh Mujib Medical University [BSMMU], Dhaka; MR Khan Shishu Hospital, Mirpur, Dhaka; Mohammadpur Fertility Services & Training Center [MFSTC], Dhaka; Osmani medical college, Sylhet; Lakshmipur district hospital; |
| Thematic areas | Health and Nutrition  |
| Donor | Various  |
| Overall objective of the project | Improve survival for small and sick newborns and pregnant women with complications leading to preterm birth in 5 designated facilities |

# Introduction

Saving Women And Premature (SWAP) babies project of Save the Children is implementing in five facilities of Dhaka, Sylhet and Lakshmipur. The project in consultation and coordination with Ministry of Health (MOH) will be implemented in public sector health care delivery system as well as private facility in the district/facility where Save the Children have/had other projects. A set of interventions-already existing and new innovations for preterm survival will be implemented in those facilities. Save the Children will provide Technical Assistance and management support for the implementation of the project. The project is funded by Save the Children USA

# Background and context

Since 1990, Bangladesh has made remarkable strides in child health and achieved the Millennium Development Goal to reduce child mortality rates to two-thirds by 2015. There is also reduction of maternal mortality, but the rate of reduction of maternal mortality was much slower than that of reduction of child mortality. Moving into the Sustainable Development Goals (SDG)-era, Bangladesh still has one the highest mortality rates among mothers and children under five years of age. Every year, approximately 135,000 children die before reaching their fifth birthday, and the majority of them are preventable. There is apparent stalling of under 5- mortality between BDHS 2014 and BDHS 2017-18 which is 46/1000 LB & 45 /1000LB respectively. Newborn death claims >60% of under 5 deaths; and birth asphyxia, sepsis and prematurity remain the major causes of neonatal mortality. The NMR is also slow decline over the last decade from 37/1000 LB during 2002-2006 BDHS estimate to 30/1000 LB during 2014-2017 same estimate. The MMR estimate from the BMMS 2016 is 196 maternal deaths per 100,000 live births, almost identical to the estimate of BMMS 2010. Although Bangladeshi women are increasingly seeking maternal care from health facilities, MMR has stalled between 2010 and 2016. Hemorrhage and Eclampsia account for 55% of maternal mortality. The risk of dying from these causes remains unchanged between BMMS 2010 and BMMS 2016. Achieving the ambitious 2030-SDG target of reducing the neonatal mortality rate to 12 or below per thousand live births and maternal mortality rate to 75 per 100000 live birth will require revitalizing existing strategies and efforts by targeting the major causes of deaths. Most of these deaths are preventable with high-quality, timely and effective life-saving interventions.

The 5 designated facilities have been purposively selected for this project because they are representative of the types of hospitals delivering MNH services across the country.A sets of interventions consisting of already known interventions plus new innovations are included in the intervention package. Family Centered Care (FCC) is one of the innovation of the intervention package.

# Rational

Human resource constraint in health facility setting is closely linked to overburdening of staff, low compliance with aseptic routines resulting in compromise of quality neonatal care. While the care provider continues to be in charge, involvement of parents leads to sharing of work and better delivery of care and staff satisfaction. Parent of preterm and sick infants experience high stress levels and feelings of helplessness. When they are better informed and involved in the care of their babies, they are able to cope better with stress, fear and altered parenting roles. Continuity of care is very important for sick and small newborns, particularly at times of crisis, during transitional care from health facility to home, and after discharge. When empowered with information and skills during their baby’s stay in the health facility, the parents are able to assume full responsibility for their baby’s care in absence of health providers. The quality of long term care provided by parents/family can make a difference not only to survival but to the overall growth and development of the baby. This is an innovative approach in Bangladesh context and expert is required to support Focal point of the project. In this context hiring a firm is proposed.

## Objectives

The overall objective is to hire an expert for the development of training package for a new strategic approach for newborn care, FCC which will be implemented in five facilities in Bangladesh

The specific objective of the assignment is -

* Develop a training package for the provider of sick newborn care at designated facilities.
* Identify and propose tool, job aid, communication materials for the training package
* Development of a trainer pool for training package
* Suggest process to capture program learning

## Stakeholders/audiences

The key stakeholders/audiences for this documentation study are:

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| **Stakeholder** | **Further information** |
| Project donor | Various  |
| Primary implementing organisation | Save the Children, Bangladesh |
| Implementing partners | NA |
| Stakeholders | National Newborn Health Program (NNHP) & Integrated Management of Childhood Illness (IMCI), Directorate General of Health Services (DGHS), MCH unit, Directorate General of Family Planning (DGFP); Community Based Health Care (CBHC), UN Agencies; Bangladesh Paediatric Association (BPA); icddr,b |
| Beneficiaries | NNHP & IMCI program & stakeholders contributing to improve newborn survival in Bangladesh |

# Expected Deliverables

The assignment deliverables is outlined below. The firm will advise immediately of any risks or issues that may impact on their ability to provide the deliverables by these due dates.

**Deliverables:**

* A training package on Family Centered Care (FCC) for the purpose of facilitators’ training and training of the service providers while transacting sessions with parents-attendants of babies admitted to newborn care units at facility. Detail of the Training package is mentioned in Annex 2.
* It is expected that the firm/organization will provide a guideline to capture learning from implementation.
* It is also expected that the firm/organization will facilitate for the development of a master trainers pool on FCC training package.

**Save the Children project team will provide-**

* Provide document and link of relevant technical & project documents
* Financial and management support for orientation of Master Trainer pool
* Provide technical inputs and feedback throughout the process of this assignment.

# Reporting and DOCUMENTATION Management

The assignment should take 45 working days during the period of 1 October to 15 December 2022 and the deadline of submission of the final deliverables is December 15, 2022

* 1. **Proposal instructions**

To be considered, proposals must include the following:

I . Brief profile – Capability statement

II. Client list – Mention only the major ones (preferably MOHFW, UN agencies, NGO, development partner related list)

III. References – names, company or organization, contact information of three companies/organizations that you have worked for.

IV. One sample project documentation preferably training package prepared in Bangladesh context

V. Technical and financial proposals of the assignment

VI. An outline of the package

VII. Workplan with timeline

* 1. **Activity/deliverables & timeline**

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| Activities | Timeline | Deliverable |
| Preparatory activities: Consultant engagement, inception meeting with SWAP focal point, finalize workplan, finalize outline of report,  | 4 Days  | Agreement signed, firm onboard |
| Review of relevant document | 8 Days | Reference document reviewed |
| Prepare draft report and other deliverables, Share with contact person, accommodate feedback, finalize draft  | 25 days | Draft of training package developed |
| Finalization of training package and submission | 8 Days | Final deliverables are prepared as per TOR and submitted |

# Working modality

* Consultant firm

# TECHNICAL CRITERIA

## Profile of Consultant

The consultant should have the following experience and expertise:

* A team of experts with higher degree (Master) in Sociology/social science /MBBS and related subjects
* Proven experience (minimum 5 years) in producing document on MNCH capacity building/implementation of technical MNCH component or relevant package in Bangladesh context preferable for public sector providers & managers
* Proven experience in producing report for MOHFW, UN agencies, international organizations and /or donors as well as with development organizations/NGOs
* Excellent report writing skills in English

## Selection Criteria

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

Evaluation criteria

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| Proposal evaluation (technical and financial) | 1. Proposal Evaluation Committee (PEC) will review the technical as well as financial proposals as per eligibility/qualification and technical criteria set in ToR
2. Technical proposal will carry 70% weight and financial proposal will carry 30% weight (technical pass mark is 70 out of 100)
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| Evaluation criteria | 1. Technical evaluation criteria (70%)

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| Sl no | Evaluation criteria | Assigned Score |
| 1 | Consultant profile  | 70 |
| 1.1 | A team of experts with higher degree (Master) in Sociology/social science /MBBS and related subjects | 20 |
| 1.2 | Proven experience (minimum 5 years) in producing document on MNCH capacity building/implementation of technical MNCH component or relevant package in Bangladesh context preferable for public sector providers & managers | 30  |
| 1.3 | Experience in developing document for UN agencies, international NGOs, donors for child health issues in Bangladesh context | 20 |
| 2 | Technical Proposal  | 30 |
| 2.1 | Submission of technical proposal with an outline of training package, workplan and timeline | 30 |
|   | Total Points (Pass mark 70) | 100 |

1. Evaluation of financial proposal (30%)

A financial proposal should include summary of costs related to the production and other costs (if any). |

# Mode of Payment

The payment will be made through the A/C Payee Cheque in favor of the contract holder, that will cover everything i.e. remuneration, field work cost, conveyance, printing, other administrative cost etc. All expenditure during assignment time will be taken care of by the consultant as per TOR. Save the Children in Bangladesh will deduct tax, according to the TAX and VAT Regulation of the Government of Bangladesh. The payment will be made according to the following schedule:

* - 50% upon submission of work plan duly accepted by program.
* - 50% upon submission of final assignment duly accepted by program.

Contact person:

Dr. Asif Sarwar, Project Manager, Saving Women And Premature (SWAP) babies project, Save the Children. Email asif.sarwar@savethechildren.org

# Annexes

Annex 1: SCI Child safeguarding policy

**Annex 2 : Family Centered Care (FCC) training package**

**i) Aim of Family Centered Care (FCC) training package**

Capacity building of health personnel in newborn care units of facilities and to train and empower parents-attendants for participating in care of their sick and small babies.

**ii) Objectives of FCC training package**

* To sensitize the participants about the need for Family Centred Care (FCC)
* To develop a Master Trainer pool with facilitation skill for training of service providers involved in care of newborn in facility.
* To facilitate capacity building of service providers to empower parents-attendants for participating in care of their sick and small babies.
* To enable service providers at facility to initiate FCC at workplace and conduct sessions with parents-attendants of newborns

**iii) Training package :**

The document will be consisting of two sections. The first section will provide an overview of the training package and guidance on how to implement the capacity building program. The second section will provide step by step guidance on how the sessions are to be conducted. The package will also identify and include various resources including the audio-visual modules, mannequins and other equipment.

Key contents of the package are-

(a) Audio-visual (A-V) module:

It is an audio visual tool developed for the purpose of training parents/caregivers in essential care of the baby in a simplified language. A-V module will be an important aid for the providers (nurse/doctor) to train parents. Providers will follow the key steps outlined in the HANDOUTS to train parents/caregivers in sequential activities as per session plan. Audio visual package includes video films that form the mainstay of the training sessions. Each video addresses related topics such as KMC, ENC etc, This videos are already developed and are in use for newborn care training. However the Videos resources need to be structured into sequential clips punctuated by stop points, in order to create opportunity for facilitators to pause the audio visual and hold discussion with parent attendants and convey key messages. The session with A-V module will be guided by HANDOUT developed from training guide.

(b) Training Guide:

This is a written document detailing how facilitators will be able to train other FCC providers. Training guide will provide information about practical aspects of conducting session wise training for FCC using the A-V modules. The sessions are designed to actively involve the participants in the learning process. Training techniques in this facilitators’ module include discussions using audio-visual modules, organizing skills station for demonstration and practice, role plays and small group discussions.

**iv) Overview of the sessions**

The training content is organized into following sessions:

* Sensitization to FCC and entry in the newborn care area : Aims at sensitization of participants to the concept of Family Centered Care. The session enumerates the benefits that accrue from involvement of parents in the care of their sick and small babies. It then prepares them for entry into the newborn care unit, which being a restricted area requires that the mandated protocols are followed. The emphasis is on hygiene, hand washing & gowning in order to maintain asepsis in the newborn care unit. The nursery environment can be overwhelming for parents-attendants who are exposed to the environment for the first time and the session aims to demystify the common machines and equipment in use.
* Essential Newborn Care (ENC) : Participants are oriented to the elements of essential newborn care including exclusive breastfeeding. It will also emphasize on positive postnatal experience.
* Kangaroo Mother Care (KMC) : Participants are oriented to the practice of Kangaroo Mother Care its benefits, and techniques. Positive experiences of parents- attendants who have practiced KMC have been recorded in order to motivate new participants.
* Preparation for discharge and Care of baby at home : Aims at sharing information with parents- attendants and preparing them for discharge from the hospital and for receiving the baby at home. It deals with essential care of newborn at home including hygiene, hand washing, cleaning and clothing the baby, optimal feeding, play & communication, follow up care and common danger signs.
* Additional sessions on communication skills and operational aspects of FCC

**v) Training Process**

Training process will include

* Conduct a model session by Master Trainers using the training guide
* Skill stations where participants have the opportunity to practicing the skills included in the training package using actual equipment and mannequins.
* Simulated sessions where participants have the opportunity to conduct practice sessions with co-participants. And where feasible with parents-attendants. Debriefing conducted at the end of each session to bring together participant’s experience and feedback.

**vi) Training structure:**

* The Facilitators’ training is planned over a two-day period using above methodology comprehensively. The sample program is provided in annexure 1. The training should preferably be organized in a newborn care unit where FCC has been put into practice. This will help the participants to visualize and understand how various components have been organized in the day-to-day practice.
* The training of providers should be organized over two days (8-10 hours) of training time. It should preferably be organized in the newborn care unit where the facilitators are positioned so that the practical aspects are linked to provision of FCC can also be discussed by the facilitators.

**vii) Facilitators**

Facilitators are-

* Nurses/midwife/FWV and Doctors working in newborn care units and
* MOHFW staffs and Save the Children staffs engaged in FCC implementation

They will transact requisite knowledge and skills in family centered care of newborns to the providers involved in provision of care for newborns and having direct interface with the parents- attendants.

Facilitators will refer to the contents of this training guide while conducting training of providers.

**viii) Service providers**

Services Providers are nurses and doctors working in newborn care units, residents (Post graduate students) and trainees (such as interns, trainee nurses) who are involved in conducting structured sessions with parent-attendants. They will transact requisite knowledge and skills in care of newborns to parents-attendants.

Services Providers will mainly refer to the A-V modules and the handouts (provided as pullouts at the end of the training guide) for assistance in conducting the session with parents-attendants. They will be familiarized with the key messages and demonstrated key steps for conducting the session during the training.

**ix) Logistic and tools**

The resources required for facilitators’ training and the service providers while transacting sessions with parents/attendants are the (1) Audio visual modules and (2) Training Guide (3) Logistic for hands on practice such as manikin, flipchart, poster etc. In order to run the videos, a TV enabled with USB port or projector with laptop can be used.

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| TOR prepared by: | Md Nazmul Haque |
| TOR endorsed by: | Dr. Sabbir Ahmed |
| TOR approved by: |  |
| Date of sign off: |   |