Save the Children

Terms of Reference (ToR)

Gender and Power (GAP) analysis

Strengthening the Maternal and Neonatal Health System in Rangpur, Bangladesh (Jononi) Project

Health and Nutrition Sector
Save the Children, Bangladesh

October 2023

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1. PROJECT SUMMARY

Type of evaluation	**Formative Research by external**
Name of the project	Strengthening the Maternal and Neonatal Health System in Rangpur, Bangladesh (Jononi) Project
Project Start and End dates	01 March 2023 to 31 December 2027
Project location(s)	Rangpur and Lalmonirhat districts
Thematic areas	Health and Nutrition
Sub-themes	Maternal, Neonatal and Reproductive Health
Donor	KOICA and Save the Children Korea
Estimated beneficiaries	N/A
Overall objective of the project	Strengthened maternal and child health systems for healthy pregnancy and safe childbirth in Rangpur, Bangladesh

2. INTRODUCTION

Save the Children (SC) has been implementing five years long (Mar 2023 to Dec 2027) "Strengthening the Maternal and Neonatal Health system in Rangpur, Bangladesh (Jononi) Project" in Rangpur and Lalmonirhat districts. The project supports to Ministry of Health and Family Welfare (MOH&FW) to ensure access to quality maternal and neonatal health services. The implementing partner of the project is Rangpur Dinajpur Rural Services (RDRS) Bangladesh and icddr,b is Policy, Advocacy & Evaluating partner. The project is funded by Korea International Cooperation Agency (KOICA) through Save the Children Korea (SCK).

3. BACKGROUND AND CONTEXT

According to the sustainable development goals (SDGs), the government of Bangladesh has set a target of lowering the maternal mortality rate by 70 per 100,000 live birth and lowering the neonatal mortality rate by 12 per 1,000 live births by 2030. High delivery rate by non-skilled birth attendants, maternal and neonatal malnutrition, poor maternal and child health service facilities, low accessibility, and service quality due to lack of health professionals are specified as challenges in the 8th 5-year plan. Early marriage custom is still prevalent across the country, making Bangladesh one of the countries with the highest early marriage rate in Southeast Asia. This early marriage practice has a negative impact from the perspective of Maternal, Newborn and Child Health (MNCH). Such impact includes: a decline in women's social status, deprivation of sexual reproductive self-determination, an increase in adolescent pregnancy, an increase in maternal mortality, and an increase in the risk of premature birth – leading to neonatal morbidity and mortality. In Rangpur division, proportion of the population below poverty line is the highest at 44%, and the early childbearing before age of 18 years is 24%. (BDHS, 2022).

Goal and Objectives:

The overall goal of the project is "Strengthened maternal and child health systems for healthy pregnancy and safe childbirth".

The p objectives of the project are to

1. *increase awareness about maternal and newborn health.*
2. *increase utilization of ANC, PNC, and facility delivery services.*
3. *improve health policy of the recipient country's government.*
4. *contribute to achievement of govt development cooperation policies and strategic goals.*
5. *increase the competencies of project participants.*

Intervention area:

Division	District	#	Sub-districts
Rangpur	Rangpur	1	Badarganj
		2	Gangachara
		3	Kaunia
		4	Mithapukur
		5	Pirgacha
		6	Pirganj
		7	Rangpur Sadar
		8	Taraganj
	Lalmonirhat	1	Aditmari
		2	Hatibandha
		3	Kaliganj
		4	Lalmonirhat Sadar
		5	Patgram

Gender and Power (GAP) analysis are a core tool of Jononi project through which it aims to identify, measure, and analyze social and gender equality dimensions and barriers which have impact on achieving the goal of the project. Jononi project's initial gender and power analysis revealed that one of the key gender inequalities contributing to poor MNH outcomes is widespread child marriage and care work burden. Despite the existence of laws prohibiting child marriage, the practice is pervasive in Bangladesh. Another key gender inequality that contributes to poor MNH outcomes is women's and girls' limited autonomy and decision-making power, particularly regarding key issues such as pregnancy, birth spacing, contraception, or child-rearing. women's limited mobility and agency often restrict their access to information or MNH services independently of their husbands or in-laws. Women's low or lack of financial independence to allocate resources for MNH care and husbands' lack of awareness about the importance of MNH services, all contribute to marginalization in accessing services. Moreover, women's and girls' low literacy levels is another gender inequality that has an impact on poor MNH outcomes, since it limits women's and girls' access to MNH-related information and/or services. Finally, Cultural, and religious taboos, myths, social norms, and beliefs with clear gender underpinnings also contribute to the risk factors for low institutional delivery and care-seeking behaviour.

Considering the above background and context, Jononi project aims to carry out a comprehensive GAP . The findings of the **GAP Analysis will be used to develop a GAP Strategy, which will be implemented throughout the project cycle**. It will also be shared with SC's donor and member countries and in relevant national and/or international conference by submitting reports or papers.

1. SCOPE OF RESEARCH

1.1 Objectives and Scope

Objective:

The overall objective of the GAP is to identify, measure, and analyze social and gender equality dimensions and barriers related to: 1) access to health facilities & services; 2) use of health services; and 3) empowering project participants (considering issues such as child marriage, unpaid care work burden, gender-based violence (GBV), nutrition and contraception) associated with set project's outcomes. The specific objectives of the study will be as follows:

The specific objectives are to:

- Understand power dynamics at the household, community, and health service levels that includes girls and women's position and decision-making ability about their own marriage, use of family planning, seeking health care services, and their burden as caregiver in the household that attributes gender norms in family, community, and institutions (Patterns of decision making, social beliefs, and practice);
- Identify the status of distribution of health-related resources at the household and community level (access to and control over resources) and assess the roles and responsibilities of women, girls, men, and boys in getting health services (Roles and responsibilities, Time use);
- Understand cultural taboos, myths and beliefs that create barriers for women and girls for MNH rights from institutional health services (Social Norms, Practices, and Beliefs, Safety, Dignity, Well-being);

- Explore the enablers of gender equality in the household and community for women and girls. What provides women and girls with empowering opportunities or ability to equally access resources and health rights from institutional health services.
- Understand knowledge, attitudes and practices of women, girls, men and boys regarding sexual and reproductive health and rights (Social Norms, Practices, and Beliefs; access to and control over resources).
- Understand how formal CMPC and NNPC protection actors, including the committees, coordinate and what gaps might exist in how they function to uphold the CMRA 2017.

Scope:

- Gender and social inequality, discrimination and barriers women and girls face relative to their male peers (Especially pregnant girls and women based on their socio-economic status, disability, ethnicity, location etc.) in relation to the sector across four dimensions of change, including at the individual level, the household or family level, community level, and society or at the institutional level.
- The underlying root causes of gender and power issues across the socio -ecological models of change that pose barriers for women and girls to exercising their rights.
- Six domains of the gender and power analysis, including:
    - Patterns of decision-making at the household and community level
    - Access to and control over resources
    - Roles and responsibilities and time use of women and girls relative to men and boys
    - Social norms, beliefs, and practices
    - Laws, policies, regulations, and institutional practices
    - Safety, dignity and wellbeing of women and girls related to enabling environment to access to health services.

1.2 Stakeholders/Audience and Use of the Study

The main audience of the study would be involved as follows:

Stakeholder	Further information
Project donor	KOICA and Save the Children Korea
Primary implementing organisation	Save the Children in Bangladesh
Implementing partners	RDRS Bangladesh
Government stakeholders	Directorate General of Health Services (DGHS) Directorate General of Family Planning (DGFP) Local Government Institutions (LGIs)
Community groups	Husbands and Mother-in-laws, Parents/Caregivers, Community Groups/Support Groups, Volunteers, Community influential, etc.
Program participants	Pregnant women, Lactating mother, Newborn, Children, Adolescents, MWRA, Adults, Husband

1.3 Key Study Questions

The following study questions will be reflected in the GAP analysis:

- ❑ What are the power dynamics at the household, community, and health service levels that includes girls and women's position and decision-making ability about their own

marriage, use of family planning, seeking health care services, and their burden as caregiver in the household that attributes gender norms in family, community, and institutions ;

- ❑ What is the status of distribution of health-related resources at the household and community level (access to and control over resources) and roles and responsibilities of women, girls, men, and boys in getting health services (Roles and responsibilities, Time use);
- ❑ What are the cultural taboos, myths and beliefs that create barriers for women and girls for MNH rights from institutional health services (Social Norms, Practices, and Beliefs, Safety, Dignity, Well-being);
- ❑ What area the enabling factors for gender equality in the household and community for women and girls that provide women and girls with empowering opportunities or ability to equally access resources and health rights from institutional health services.
- ❑ What is the knowledge, attitudes and practices of women, girls, men and boys regarding sexual and reproductive health and rights (Social Norms, Practices, and Beliefs; access to and control over resources).
- ❑ Understand how formal CMPC and NNPC protection actors, including the committees, coordinate and what gaps might exist in how they function to uphold the CMRA 2017.

2. STUDY METHODOLOGY

2.1 Study Design

This GAP analysis will be conducted in rural areas of **Rangpur and Lalmonirhat districts.** The project is keen to see the know-how of the objectives of the study, thus t**he consultant (individual/firm)** is expected to propose the appropriate research design including data collections tools to meet the objectives of the research. The research should involve multiple stakeholders located in the project supported health facility catchment areas and include triangulation in data collection methods. The methodology and relevant data collection tools should be adjusted in consultation with SC and finalized before implementation.

The consultant (individual/firm) will prepare a comprehensive work plan with a budget. Additionally, selected SC colleagues will be engaged (in addition to consultant hired enumerators) during data collection and at the field level for better understanding of the data being collected.

2.2 Sampling

It is expected that the consultant (individual/firm) will propose appropriate methodology including sample size and sampling methods; and sampling should consider all the characteristics of the population of the project.

2.3 Data Sources and Data Collection Methods/Tools

All primary data that will be collected during the study must facilitate disaggregation by gender, age, services, location, or remoteness. SC will provide guidance on tools and classification schemes for this minimum dataset. The consultant/firm to be onboarded will translate the tools, convert them to KoBo, if needed and propose data analysis plan as appropriate. Existing SC data sources that can be drawn in the research include:

- A list of facility, village, sub-district, geographic, and service data-related information about interventions by which the consultant team will draw the sample for the survey.
- SC will provide existing study reports, including project proposals, logical frameworks, matrixes, learning briefs, policies, gender and power analysis guidance and extracts of accessible data.

SC will provide support to communicate with stakeholders and provide access in communities for primary data collection. The team should also indicate how data triangulation will be realized.

The study will explore any personal and professional influence or potential bias among those collecting or analysing data been recorded and addressed or mitigated ethically.

A range of project documentation that provides information about project design, implementation, and operation will be made available to the research team.

The study team is required to adhere to the SC Child Safeguarding; Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying; and Data Protection and Privacy policies throughout all project activities.

Quality Control Mechanism
The consultant (individual/firm) team will collect the primary data. The consultant (individual/firm) will recruit well-reputed enumerators both male and female (who has relevant experience for data collection). The enumerators should also have previous experience on studies on gender analysis/assessment, public health and health service delivery system.

2.4 Ethical Consideration

The GAP analysis needs to approve by Ethical Review Committee (ERC) before starting data collection. Therefore, the consultant (individual or firm) will facilitate the process through submitting papers to Institutional Review Board (IRB) jointly with SCI. Additionally, the consultant will follow SCI bellow procedures:

- **Child participatory**. Where appropriate and safe, children should be included in the research. Any child participation, whether consultative, collaborative or child-led, must abide by the 9 Basic Requirements for meaningful and ethical child participation.
- **Inclusive**. Ensure that children from different ethnic, social, and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
- **Ethical**: The evaluation must be guided by the following ethical considerations:
    - Safeguarding – demonstrating the highest standards of behavior towards children.
    - Sensitive – to child rights, gender, inclusion, and cultural contexts.
    - Openness – of information given to the highest possible degree to all parties involved.
    - Confidentiality and data protection – measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk. [1]

[1] If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance.

- Public access – to the results when there are no special considerations against this.
- Broad participation – the relevant parties should be involved where possible.
- Reliability and independence – the study should be conducted so that findings and conclusions are correct and trustworthy.

It is expected that:

- Data collection methods will be age and gender appropriate.
- Study activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
- Informed consent will be used as appropriate.

5.5 Known limitations.

- The consultant (individual or firm) team may experience some challenges in collecting data in very remote rural areas, where managing the availability of respondents and interviewees might be challenging.
- The consultant (individual or firm) team might have trouble getting required attention in Char areas from local stakeholders due to the unavailability of government service providers.
- In some of the health facilities, government health service providers posts are vacant. In these cases, the consultant (individual or firm) team might not find the service provider in the facility.

3. EXPECTED DELIVERABLES

The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below.

Deliverables and Tentative Timeline

Deliverable/Milestones	Timeline
The Study team is contracted and commences work	
The study team will facilitate a 3 days long **workshop on SC GAP guidance** with the relevant stakeholders of SC at the commencement of the project to develop the inception report.	15 November
The study team will submit research protocol along with an **inception report*** in line with the provided template, including: ▪ Study objectives, scope, and key study questions ▪ Description of the methodology, including design, data collection methods, sampling strategy, data sources, and study matrix (includes evaluation objective, evaluation question, tools to be used, target participants, methods e.g., KII, FGD, and sample survey, and so on). ▪ Data analysis and reporting plan, caveats and limitations of study, risks and mitigation plan, ethical considerations including details on consent. ▪ Stakeholder and children communication and engagement plan. ▪ Consultation protocols for consulting with children and other vulnerable groups (if applicable). ▪ Key deliverables, responsibilities, and timelines. ▪ Logistical or other support required from Save the Children. ▪ Data collection tools (in line with the study matrix).	22 November
Research protocol/Inception report review	26 November
Final data collection tools (in the report language):	30 November

Deliverable/Milestones	Timeline
▪ Survey instrument ▪ Data collection mechanism ▪ Tool orientation	
IRB Approval	30 December
Data Collection (including enumerator training)	1-15 January
A Study **Report*** (Draft Version) including the following elements: **30 pages maximum, excluding the Reference and Annex** ▪ Executive summary (1-2 page) ▪ Program background and context relevant to the Study (1 page) ▪ Purpose, objective, and scope of the research, including key research questions (1 page) ▪ Overview of the study methodology and data collection methods, including any specific caveats or methodological limitations of the research (1-2 page) ▪ Findings aligned to each of the key Study questions (15-18 pages) ▪ Conclusions outlining implications of the findings or learnings (1 page) ▪ Lesson learned, and recommendations. (1-2 page) ▪ References ▪ Annexes (Project log frame, Study ToR, Inception Report, Study schedule, List of people involved)	30 January
Data and analyses including all raw data, databases, and analysis outputs	30 January
Final Study Report* Incorporating feedback from consultation on the Draft Study Report	20 February
Knowledge translation materials: ▪ PowerPoint presentation of study findings (Slide deck (8 slides) highlighting the: methodology and purpose -1 slide, key findings 4 slides, challenge 1 slide, lesson learned if any 1 slide, and recommendation 1 slide.) ▪ Evidence & Learning Brief**	25 February 2024

*All reports are to use the Save the Children Final Study Report template. Please also refer to Save the Children technical writing guide.

** The **Evidence & Learning Brief is a 2-4 pages summary of the full report** and will be created using the Save the Children Evidence & Learning Brief template.

4. REPORTING AND GOVERNANCE

For this research, the SC study manager will be assigned Health and Nutrition theme **Senior Manager – Monitoring Evaluation Accountability and Learning (MEAL), evidence and learning (E&L) to whom the study team will report, and she/he will be responsible for approving all the deliverables.** The following regular reporting and quality review processes will also be used:

- A written Progress Report (1-page) by email to the SC study Manager every week, documenting progress, any emerging issues to be resolved and planned activities for the next month.
- Consultant team will share draft and full report as per SC provided reporting template.

A draft and final report including the raw data should be submitted to SC in Bangladesh in both hard and soft copy. The ownership of the report for publication rests with SC in Bangladesh. All the data and reports including the findings and recommendations will remain the property of SC in Bangladesh and must not be published or shared with a third party.

The Technical Director-Evidence and Learning together with Advisor, Gender Equality and Social Inclusion (GESI) will be accountable for approving the final study report.

5. STUDY MANAGEMENT

The Consultant team lead will report to the **Senior Manager – MEAL, E&L, SC.** The below table outlines the timeline for the study, key activities, and deliverables (in bold), as well as who is involved and responsible for them. The final timeline and deliverables will be agreed upon at the inception phase.

What	Who is responsible	By when	Who else is involved
Study tender submissions due	Project Finance, Admin	30 October	Procurement Team
Tender review and selection of study team	Procurement Bidding Committee member	07 November	Sr. Manager-MEAL
Documentation review, desk research	Study team	12 November	Advisor, Gender Equality and Social Inclusion, PD-Jononi
Consultation	Study team	15 November	Sr. Manager-MEAL PD-Jononi
Research Protocol/Inception report	Study team	30 November	Sr. Manager-MEAL PD-Jononi
Review of inception report, Finalising Data collection tools	Sr. Manager-MEAL, Advisor, Gender Equality and Social Inclusion, PD-Jononi	04 December	Sr. Manager-RLK
IRB submission and approval	Study team	30 December	Sr. Manager-MEAL PD-Jononi
Logistical arrangements and enumerator training	Study team	01 January	Manager_FO
Data collection	Study team	1-15 January	Manager-FO, TS-MEAL
Data management and analysis (coding, transcriptions, data cleaning, integration, and analysis)	Study team	15-25 January	Sr Manager-MEAL
First draft of the Final study report	Study team	30 January	Advisor-SBCC, PD-Jononi, Sr. Manager-RLK
Review of first draft report	Sr. Manager-MEAL, Advisor, Gender Equality and Social Inclusion, PD-Jononi	07 February	Sr. Manager-RLK
Meeting with research team to finalize the report	Study team	07 February	Sr. Manager-MEAL, Advisor, Gender Equality and Social Inclusion, PD-Jononi
Validation of study findings and recommendations	Sr. Manager-MEAL, Advisor, Gender Equality and Social Inclusion	10 February	PD-Jononi
Final study report and submission of data and analyses	Study team	20 February	Sr. Manager-MEAL, PD-Jononi
Knowledge translation materials	Study team	25 February	Sr. Manager-MEAL, PD-Jononi

What	Who is responsible	By when	Who else is involved
Project team meeting to develop Study Response Plan	Study team	25 February	Sr. Manager-MEAL, PD-Jononi
Study final report	Study team	25 February	Sr. Manager-MEAL, PD-Jononi

6. DISSEMINATION PLAN

The study findings will be used for developing GESI strategy and action plan for the Jononi project. Furthermore, the study findings will be shared with the project team both internal and external. The report will be prepared as well as a brief will also be prepared and will be shared with the donor, member, country office and other project stakeholders to help inform further programming.

7. RESEARCH TEAM AND SELECTION CRITERIA

The consultant (individual/firm) is expected to **facilitate the process to collect institutional review board (IRB) approval**. To be considered, the research study team members together must have demonstrated skills, expertise, and experience in:

- Designing and conducting research using quantitative, qualitative, and mixed methods.
- Conducting research and/or assessment in the field of Health, Nutrition particularly in relation to maternal, neonatal health.
- Conducting research and/or assessment in the area of gender and power analysis.
- Conducting ethical and inclusive research and/or assessment involving children and child participatory techniques.
- Conducting ethical and inclusive research and/or assessment involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways.
- Managing and coordinating a range of government, non-government, community groups and academic stakeholders.
- Extensive experience of theories of change and how they can be used to carry out situation analysis.
- Report writing and presentation skills.

There is a high expectation that:

- Members of the research team have a track record of working together.
- Team leader will be appointed considering seniority and experience in leading complex situation analysis, and who has the ability and standing to lead a team on a common goal.
- The team has a strong track record of working flexibly to accommodate changes as the project is implemented.

8. SCHEDULE OF PAYMENT

The payment will be made through account pay cheques/EFT with the following payment mode:

- Upon approval of inception report and tools: 30%
- Upon submission of first draft study report: 50%
- Upon approval of final study report: 20%

9. TECHNICAL EVALUATION CRITERIA

The organization will assign a committee composed of management and technical team to evaluate the proposals submitted by consultant (individual/firm). The selection committee will evaluate the bidders based on the criteria set below. The submitted proposals will be reviewed based on the set criteria.

Criteria	Score
Technical Proposal (Desk Review)	**50**
Appropriateness of the study design and elaboration for choosing the specified study design	15
Sampling strategy, data collection methods (including the data collection tools), and data quality assurance plan	15
Required expertise (skills) and experience of the personnel of consultant (individual/firm) to conduct the study.	10
Roles and responsibilities assigned in undertaking and managing the study	5
Capability of the consultant/firm (management, technical and financial capacity)	5
Sustainability criteria[2] Bangladesh-based consultant (individual/firm) using local resources (e.g., research assistants, note-takers) (10), Otherwise (0)	**10**
Oral presentation	**10**
Financial Proposal	**30**
Total	**100**

Benchmark scoring point:
Step 1: To be a potential candidate to conduct the assessment, the bidder must score at least 50% in technical proposal.

Step 2: During the evaluation of technical proposals, from those obtaining at least 50% score in technical score, the top three proposals will be selected for further screening through oral presentation. The overall scoring should consider the technical proposal, the financial proposal, and oral presentation.

Step 3: Financial proposal will be reviewed and scored out of 30 for the top three proposals having scored at least 50% in technical proposal and the combined comparative statement will be conducted for only the top three candidates. Finally, SC will award the research to the highest scorer consulting firm.

Financial Proposal

SC seeks value for money in its work. This does not necessarily mean "lowest cost", but quality of the service and reasonableness of the proposed costs. Proposals shall include personnel allocation (role / number of days / daily rates / taxes), as well as any other applicable costs.

10. ANNEXES

Annex 1: SCI Child safeguarding policy

SCI_CSG_Child Safeguarding Policy_E

TOR prepared by:	Mohammad Sarwar Basher, Senior Manager – MEAL, E&L
TOR reviewed by:	Shamema Shamme, Advisor, Gender Equality and Social Inclusion Anindita Bhattacharjee, Sr Manager-RLK
TOR endorsed by:	Jatan Bhowmick, Project Director-Jononi, SCI
TOR approved by:	Md. Nasirul Islam, Technical Director – Evidence and Learning
Date of sign off:	22 October 2023