



26/09/2021

RFP RFP/SCI/BDCO/FY-21/00024
PR No# PR-BGD-DHK-2021-00941

To

Subject Request for Proposal

Save the Children is hereby inviting Sealed Quotation/Price offer with your best price for supplying following item(s)/Services. The quoted price should meet the specification given below. Please enclose this letter with your offer in organization's/ company's letter head pad. Offer should be specified with your terms and conditions. Acceptance of quotation is subject to fulfillment of the following terms and conditions:

SL No	Description	Specification	Unit	Req. Quantity	Unit Price	Amount
1	Consultant/Outsourcing Firm - Conducting Research/Study	Study on Health Needs of Adolescent and Young First-Time Mothers in The Postnatal Period- A Mixed Methods Approach- Details as per TOR.	Nos.	1.00		

Terms & Condition

- 1 All suppliers/vendors must accept the child safeguarding policy of Save the Children.
- 2 Anti-Bribery & Corruption: Save the Children suppliers/consultants must immediately report any suspicions of fraud or dishonesty in confidence to Risk and Compliance Director (abdullah.faruque@savethechildren.org) / Country Director through email.
- 3 Completion Time: As per ToR.
- 4 Deadline for Proposal Submission: On or before 06/10/2021 by 2:00 PM sharp.
- 5 Bid Submission: Electronic Submission - through email containing a copy of the bid:
 - a. Email should be sent to: bangladesh.etender@savethechildren.org
 - b. Email should be addressed to Senior Manager – Procurement and Supply Chain. Please note – this email box is a sealed tender box so DO NOT SEND QUESTIONS related to this tender to this email address .
 - c. The subject of the email should be “RFP/SCI/BDCO/FY-21/00019 Bidder Response –‘Bidder Name’, ‘Date’”
 - d. All documents should be clearly labelled so it is clear to understand what each file relates to.
 - e. Email size should not exceed 15mb – if this limit is breached bidder should split the submission into two emails.
 - f. Do not copy other SCI email addresses into the email when you submit it as this may invalidate your bid.
 - g. Technical & Financial proposal should be submitted in the separate mail/attachment.
- 6 Copyright: Only Save the Children will reserve the right of this software/research data/findings/manual resource even the awarded firm cannot use/share this resources with anyone both internally/externally.
- 7 Vendor/supplier with employee/group insurance will be preferred.
- 8 SCI may deal with COVID-19 patients and shall not be liable for vendor staff and their wellbeing. Vendor must ensure adequate quality of PPE and take necessary safety measure for the wellbeing of their staff(s).
- 9 Eligibility Criteria :The Proposer shall possess the following qualification: Organizations must provide information and documentary evidences to establish that they have a) legal establishment for a minimum of Two years overall experience in similar service/job b) Copy of updated Trade Lenience c) Company profile with customer list, preferably Govt. / Semi Govt. / INGO. d) Up-to-date VAT and Tax Certificate. For Individual copy of TIN or certificate of other relevant professional degree.
- 10 Evaluation (Technical & Financial): Procurement committee will evaluate the proposal as per ToR.
- 11 Scope of Work/Deliverables: As specified in the TOR.
- 12 Proposal: Technical & Financial Proposal should be submitted in separate attachment.
- 13 Technical Criteria: As specified in the ToR
- 14 Payment will be made as per TOR through A/C Payee cheque/EFT within 45 days or as per payment terms mentioned in existing FWA/Contract, upon satisfactory goods received/completion of work and submission of invoice with necessary documents. Delivery challan or service receipt acknowledgement received by Save the Children staff or their designated representative with name & signature is a mandatory document for payment.
- 15 VAT and Tax shall be deducted as per rules of GoB.
- 16 Technical Queries: For technical queries , Interested firms may contact: Dr. Syeda Nabin Ara Nitu (E-mail: syeda.nitu@savethechildren.org)
- 17 SCI reserves the right to accept or reject in part or full/one or all quotations/offers/proposals without assigning any reason whatsoever.

If you have any queries feel free to ask.

Thank You
For Save the Children

Prasenjit Acharjee
Procurement & Supply Chain

**Terms of Reference for
Study on
Health Needs of Adolescent and Young First-
Time Mothers in The Postnatal Period- A Mixed
Methods Approach**

Shongzog Project

September 2021

1. PROJECT SUMMARY

Type of Study	A mixed methods study to understanding the needs, expectations, and experiences of care in the postnatal period
Name of the project	Shongzog
Project Start and End dates	18 th September 2019 to 30 th September, 2023
Project duration	4 years
Project locations:	Kabirhat, Companiganj and Sadar Upazilla of Noakhali district under Chottogram Division, Bangladesh.
Thematic areas	Health, Nutrition and HIV/AIDS
Sub themes	Maternal, Neonatal and Reproductive Health
Donor	Bill and Melinda Gates Foundation
Estimated beneficiaries	Adolescent and Young First Time Mothers aged between 15-24 years
Overall objective of the project	Increased use of postpartum family planning and improved coverage and timing of PNC for first-time parents and their newborns in Noakhali

2. INTRODUCTION

With funding from the Bill & Melinda Gates Foundation, Save the Children is implementing **Shongzog**, a project that leverages large-scale projects to increase first-time adolescent & young mothers (AYM) aged 15-24 years use of postpartum family planning (PPFP) and postnatal care (PNC) in Bangladesh.

Building on MaMoni Maternal and New-born Care Strengthening Project (MNCSP)'s facility-level activities, Shongzog is testing enhancements across the continuum of care, starting in pregnancy. Through Shongzog, AYM's receive counselling on PPFP and PNC during each interaction with the health system. At both community and facility level, Shongzog applies a targeted PNC approach prioritizing at-risk mother-baby dyads, including AYM's, for enhanced facility-level PNC and timely postnatal home visits.

For many years, efforts have been dedicated to improving the coverage of PNC services, which is consistently lagging compared to other maternal and neonatal health (MNH) services across the continuum of care. According to the Bangladesh Multi-Indicator Cluster Survey (MICS) 2019, while over 60% of mothers and their new-borns received some form of PNC, less than 1% received PNC within 2 days of delivery. Of these, 59% of mothers and 61% of their new-borns received PNC in a facility (public or private) within the first week of life.

3. PROJECT BACKGROUND

Every year, an estimated 13 million adolescents (ages 15-19) and many more young women (ages 20-24) give birth.ⁱ The vast majority of these births occur after marriage, a context in which families and communities place significant pressure on young women to prove their social value and adult status by demonstrating fertility.ⁱⁱ For married adolescents and youth, the transition to parenthood means navigating new family structures and social roles, for which many are unprepared, while facing increasingly inequitable gender norms and expectations. Concurrently, adolescents and youth who become parents outside of marriage often face extreme social stigma and have limited support during their transition through pregnancy and into parenthood. Regardless of marital status, the transition to parenthood is a time of rapid and significant change and vulnerability. At the same time that many young women are removed from family, school, and social support networks, they must navigate caring for their own health while learning to care for a new-born.

Young parents, defined as girls and women between the ages of 15 and 24 who have one or more children and/or who are pregnant, and their male partners, are vulnerable to poor health outcomes. In many contexts, young parents are also less likely than older women to access reproductive and maternal health services for a number of reasons, including fear of judgement by health care providers or community members, limited mobility, lack of access to transport and financial resources, and limited power to negotiate use of health services with male partners or family members.^{iii,iv} For example, 60% of adolescent girls ages 15-19 in need of contraception (23 million adolescents) are not using a modern method or are using a traditional method, defined as having an unmet need for contraception.^v Similarly, in 61 countries with Demographic and Health Surveys, 33 million youth ages 15-24 have an unmet need.^{vi} Unmet need for contraception is markedly higher among both adolescents and youth than among older women.^{vii} The limited use of effective methods of contraception renders young women vulnerable to unintended pregnancies, and young mothers, with the lowest rates of modern contraceptive use, are particularly vulnerable to rapid repeat pregnancies.^{viii} Both younger

age at first birth and closely spaced pregnancies contribute to increased risk for maternal and infant morbidity and mortality.ix,x,xixii

4. SCOPE OF EVALUATION

4.1 Purpose and key questions

The purpose of this consultancy is to conduct a mixed-methods study with first-time adolescent and young mothers. The study will have 2 components – a primary qualitative component and secondary quantitative data analysis.

Understanding the needs, expectations, and experiences of care in the postnatal period, particularly in low- and middle-income countries (LMICs) and among first time AYM is critical to informing the adaptation of services to meet these needs. Hence, as part of its approach to increase quality, timing and use of PNC, Shongzog is carrying out a mixed methods study among Bengali first time adolescent and young mothers (aged 15-24 years) in two upazillas currently served by Shongzog, with the followings:

Specific objectives:

1. To explore the context-specific physical, psychological, and social health needs of first time adolescent and young Bengali mother (15- 24 years of age) and their neonates in the postpartum period.
2. To describe the expectations of care in the postnatal period to meet identified needs, and the mental models of care among young Bengali first time adolescent and young mothers.
3. To describe how the needs and expectation identified compare to experiences with existing PNC services; and whether the divergence between expectations and experiences influences service utilization and satisfaction.

4.2 Scope

Qualitative component

- The consultant will be expected to conduct semi-structured in-depth interviews (IDIs) with first time adolescent and young mothers (aged 15-24 years) at two time points - once during the third trimester, with a follow up interview during the first 6 weeks following delivery. The first interview will be used to establish rapport with the participants, explore the perceived needs and expectation of care after delivery, and explore the sociodemographic characteristics of participants. The second interview will explore the actual needs as described by first time mothers, and their experience of care.
- Save the Children and the consultant will discuss and agree on proposed methodology, including inclusion and exclusion criteria, approach to sampling, and design of tools. The consultant will then be required to translate and consult on contextual iterative adaptation of the study tools during data collection, as well as provide trained data collector(s) for data collection.

¹ Mental models use in this context is meant to provide an explanation of the thought processes of adolescent and young mothers of how the care they receive should function. It is a conceptual representation of their held beliefs, values, and assumptions of care based on interactions with their environment.

- The consultant will be required to undergo debriefing sessions with the Save the Children staff, share detailed field reports, and provide English translation and verbatim transcription of IDIs.
- Latent content analysis will be carried out by Save the Children, with input of the consultant.

Quantitative component

- The consultant will propose a methodology for secondary data analysis of the mid-term review of MaMoni MNCSP at Noakhali collected between January-February 2021. The total sample is 635. The analysis will focus on addressing the objectives of this proposed study, and that supplements the qualitative findings.

The consultant will work closely with Save the Children’s technical team throughout the process and will be expected to provide regular updates and consult with Save the Children during major decision points.

4.3 Stakeholders/audiences

The key stakeholders/audiences for this evaluation are:

Stakeholder	Further information
Project donor	Bill and Melinda Gates Foundation
Primary implementing organisation	Save the Children
Implementing partners	Resource Integration Centre (RIC)
Government stakeholders	Directorate General of Family Planning, Directorate General of Health Services, Directorate General of Nursing & Midwifery
Community groups	First Time Parents, Mother-in-law, Community Group and Community Support Group
Beneficiaries	First time adolescent and young mothers
International development/humanitarian research community	FIGO, MNH technical exchange, BMJ, SCUS

The study findings will be used for service improvement, adaptive programming, accountability, to justify the expansion of the project.

5. STUDY METHODOLOGY

5.1 Study design and sampling

It is expected/proposed that this study will involve:

- A mixed method
- Purposive sampling.

Finalization of the research design and sampling will be done upon discussion with the selected consultant.

5.2 Data

All primary data collected during the study must facilitate disaggregation by gender, age, location.

Save the Children will not provide enumerators to assist with primary data collection. Data triangulation may not be expected for this study. It will not be a requirement of the Evaluation team to source additional external data sources to add value to the evaluation, such as government administrative data.

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

The study team is required to adhere to the Save the Children Child Safeguarding, Data protection and Privacy policies throughout all project activities.

5.3 Ethical considerations

It is expected that this evaluation will be:

- **Child participatory.** Children should be meaningfully involved in the evaluation as a holistic process and not only as informants. Refer to the Practice Standards in Children’s Participation ([International Save the Children Alliance 2005](#)); and Global Indicator technical guidance (SCI M&E handouts Package, Volume 2).
- **Inclusive.** Ensure that children from different ethnic, social, and religious backgrounds have the chance to participate, as well as children with disabilities and children who may be excluded or discriminated against in their community.
- **Ethical:** The evaluation must be guided by the following ethical considerations:
 - Child safeguarding – demonstrating the highest standards of behavior towards children
 - Sensitive – to child rights, gender, inclusion, and cultural contexts
 - Openness - of information given to the highest possible degree to all involved parties
 - Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
 - Public access - to the results when there are not special considerations against this
 - Broad participation - the relevant parties should be involved where possible
 - Reliability and independence - the evaluation should be conducted so that findings and conclusions are correct and trustworthy

It is expected that:

- Data collection methods will be age and gender appropriate.
- Study activities will provide a safe, creative space where respondents feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children or young people’s participation.
- Informed consent will be used where possible.

The study any personal and professional influence or potential bias among those collection or analysing data been recorded and addressed or mitigated ethically

The study team will be required to obtain ethical approval as per organization policy & practice. Save the Children will not provide assistance with this process rather providing required information.

6. EXPECTED DELIVERABLES

The expected deliverables are:

- An inception report with a background section exploring existing literature (including proposed refined questions based on literature), proposed methodology for both qualitative and quantitative components, a field work plan, and data collection tools.
- A detailed report of the secondary data analysis.
- Recordings and translated verbatim transcripts of all IDIs conducted.
- Detailed field reports, including expanded notes, of the IDIs.
- A detailed report from both components of the study.
- A draft manuscript for submission for publication developed jointly with Save the Children.

The detailed scope of work, with specific deliverables and timelines, is provided below. The timeline is provided for illustrative planning purposes and is subject to adjustments at the discretion of Save the Children. Over the period of work, the consultant will be expected to provide and debriefing sessions during the qualitative data collection period and provide regular email or phone updates throughout the consultancy period.

#	Activity	# of Days	Timeline	Deliverable(s)
1	Preparation work: Review key documents on project background and Qualitative study proposal provided by Save the Children, onboarding discussions	2	Beginning of November 2021	N/A
2	Develop inception report with methodology for systematic review and group discussion, discussion guide	4	Mid-November, 2021	Inception report with proposed secondary data analysis methodology, and qualitative fieldwork plan
3	Conduct IDIs	15	December 2021- January, 2022	Translated transcripts and recordings
4	Conduct secondary data analysis	2	December 2021- January, 2022	Quantitative findings report
5	Contribute to integration of the findings and come up with strategic directions for the project as well as national policy adaptation	12	February 2022	N/A

6	Finalize report based on inputs from Save the Children, submit final documents	5	February-March 2022	Final approved report
7	Contribute to manuscript writing	5	March-April 2022	Draft manuscript co-authored with Save the Children
	Total days	40		

7. REPORTING AND EVALUATION MANAGEMENT

The firm will report to the Project Manager- Shongzog. For any technical queries, please communicate with Dr. Syeda Nabin Ara Nitu (syeda.nitu@savethechildren.org) for more information. After completion of all tasks a completion report in brief, mentioning deliverables produced needs to be submitted to Project Manager.

8. TECHNICAL EVALUATION CRITERIA

Proposal evaluation (technical and financial)	<ol style="list-style-type: none"> Evaluation Committee will review the technical as well as financial proposals as per eligibility/qualification and technical criteria set in ToR Technical proposal will carry 60% weight and financial proposal will carry 40% weight (technical pass mark is 40) 		
Technical criteria	a. Technical evaluation criteria		
	Evaluation criteria		Points
	1	Organization profile	20
	1.1	Organogram	10
	1.2	Management team involvement	10
	2	Specific experience of the organizations related to the assignment	30
	2.1	Experience of the Organization	20
	2.1.a	Experience of the Technical Staff	7
	2.1.b	Experience in working with INGOs/UN agencies	7
	2.1.c	Experience in working with maternal and new-born health programs	6
	2.2	Sustainability criteria	10
	2.2.a	The Bidder is registered / has its primary operations in close proximity to the programming location.	5
2.2.b	The bidder's workforce is staffed from the local community / region.	5	

	3	Professional staff qualification and competence for the assignments	10
	3.1	Team Leaders/Supervisors	5
	3.2	Experience of staff working with health research, evaluation and in carrying out similar studies	5
	Total Points		60
b. Evaluation of financial proposal			
A financial proposal should include detail of costs related to the tasks.			

Payment Schedule/Instalment:

1. 50% after submission of inception report with proposed data analysis methodology, and qualitative fieldwork plan.
2. 50% upon submission of translated transcripts in to English, recordings, quantitative findings report, final report and draft manuscript co-authored with Save the Children.

9. TERMS AND CONDITIONS OF THE CONTRACT:

9.1 Payment Terms:

Payment will be made by account payee check or wire transfer within 45 days after submission of invoice including all required documents subject to satisfactory work completion certificate certified by the SCI authority. VAT and Tax will be deducted from quoted value / contract value as per rule of Government of Bangladesh and rate will be applicable at the time of deduction.

9.2 General Terms and Condition:

- Confidential Information: The Service Provider may receive confidential information regarding SCI in connection with the Work. Service Provider shall never disclose any of SCI's confidential information to anyone or use SCI's confidential information for its own purposes without SCI's prior written approval.
- SCI in Bangladesh may make general changes / modify the TOR as deemed necessary.
- The Service Provider will be responsible for the safekeeping and return, in good working condition and order, of all the organization's property, which may be assigned to him/ her for use or custody failure to return the property in good order will result in a deduction of payment to cover the cost of repair or SCI can ask for replacement of value by service provider.
- Indemnity: The Service Provider will work full compliance with law of Government of Bangladesh as applicable. Service Provider shall defend, indemnify and hold SCI harmless from any losses, claims, damages, liabilities, against any 3rd party claim and expenses related to this work or performance of this agreement. These obligations shall extend beyond the expiration or termination of this agreement.
- Notwithstanding anything contained in the agreement or those conditions, SCI in Bangladesh may at any time terminates this agreement in whole or in part by requiring the Service Provider to stop performing the work or any part thereof. In this event the developer shall have no claim against

SCI in Bangladesh by reason of such termination, other than payment in proportion to the work performed under the agreement less any sums previously paid on account thereof.

- Certification regarding Terrorism: Service Provider hereby certifies that it has not provided and will not provide any material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.
- Arbitration: Any dispute or difference arising out of or in connection with this agreement or the interpretation of any terms thereof shall be referred to arbitration in accordance with the arbitration Act, 2001 or any other arbitration Act for the time being in force in Bangladesh. Each party shall appoint its own arbitrator and the two arbitrators so appointed shall appoint a third arbitrator who shall act as chairperson of the arbitral tribunal. The place of arbitration shall be Dhaka, Bangladesh. The language of the arbitration proceeding shall be in English.

ⁱ Woog V et al., Adolescent Women's Need for and Use of Sexual and Reproductive Health Services in Developing Countries, New York: Guttmacher Institute, 2015, www.guttmacher.org/pubs/AdolescentSRHS-Need-Developing-Countries.pdf

ⁱⁱ UNFPA. *Girlhood, Not motherhood: Preventing adolescent pregnancy*. New York, NY; 2015.

ⁱⁱⁱ Chandra-Mouli V, McCarraher DR, Phillips SJ, Williamson NE, Hainsworth G. Contraception for adolescents in low and middle income countries: Needs, barriers, and access. *Reprod Health*. 2014;11(1):1. doi:10.1186/1742-4755-11-1

^{iv} Banke-Thomas OE, Banke-Thomas AO, Ameh CA. Factors influencing utilisation of maternal health services by adolescent mothers in low-and middle-income countries: A systematic review. *BMC Pregnancy Childbirth*. 2017;17(1):65. doi:10.1186/s12884-017-1246-3

^v Darroch JE, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. *Guttmacher Institute*. 2016.

^{vi} Macquarrie KLD. *Unmet need for family planning among young women: A global comparison of levels, trends, and components*. DHS Comparative Reports No. 34. Rockville, MD; 2014.

^{vii} Darroch JE, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. *Guttmacher Institute*. 2016.

^{viii} Norton M, Chandra-Mouli V, Lane C. Interventions for preventing unintended, rapid repeat pregnancy among adolescents: A review of the evidence and lessons from high-quality evaluations. *Global Health: Science Practice*. 2017;5(4):547-570. doi: 10.9745/GHSP-D-17-00131

^{ix} *ibid*

^x Finlay JE, Ozaltin E, Canning D. The association of maternal age with infant mortality, child anthropometric failure, diarrhoea and anaemia for first births: Evidence from 55 low- and middle-income countries. *BMJ Open*. 2011;1(2):e000226-e000226. doi:10.1136/bmjopen-2011-000226

^{xi} Kozuki N, Lee AC, Silveira MF, et al. The associations of birth intervals with small-for-gestational-age, preterm, and neonatal and infant mortality: A meta-analysis. *BMC Public Health*. 2013;13(3):S3. doi:10.1186/1471-2458-13-S3-S3

^{xii} Post M. *HTSP 101: Everything you want to know About healthy timing and spacing of pregnancy*. Washington, DC: Extending Service Delivery Project; 2005.