**Terms of Reference (ToR)**

**Analysing the supply chain system of the needed drugs, equipment, and supplies in the health facilities**

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

Health and Nutrition Sector

Save the Children, Bangladesh

**November 2023**

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# 1. Project Summary

|  |  |
| --- | --- |
| Type of evaluation | Situation Analysis 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 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.

3. Background and context

According to the SDGs goal, 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 to “Strengthened maternal and child health systems for healthy pregnancy and safe childbirth”.

The project has the following objectives:

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

Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) is providing maternal and newborn health services from the facilities at community level to tertiary level. Alongside their service, DGHS and DGFP also provide basic medicines to the service recipients that have been supplied from the government supply chain system. To maintain this supply chain system efficiently and effectively, the Ministry of Health and Family Welfare (MOH&FW) developed and implemented an electronic LMIS system throughout the country. The objective of the eLMIS system is to maintain the real-time information and see the stock status of each of the service delivery points, upazila stores, district/regional/central warehouses, so that the emergency and necessary medicines for the maternal and newborn health services are available for the service recipients. Despite the development and the implementation of the eLMIS at all the districts, there are still some gaps in proper implementation and utilization of the system.

Considering the above background and context, Jononi project aims to carry out a comprehensive analysis of the supply chain system of the needed drugs, equipment, and supplies in the district, upazila and union level health facilities of Rangpur and Lalmonirhat District. The findings of the analysis will be used to develop strategy and advocacy initiatives to strengthen the supply chain system of the needed drugs, equipment, and supplies in the district, upazila and union level health facilities throughout the project cycle. It will also be shared with Save the Children’s donor and member countries.

# Scope of research

## Objectives and Scope

**Objective:**

The overall objective of the consultancy is to assess the current situation of supply chain system, identify the challenges and generate recommendations to ensure the smooth supply of the needed drugs, equipment, and supplies that can significantly improve healthcare quality.

**The specific objectives are to explore:**

* Availability and condition of the needed drugs, equipment, and supplies in the district, upazila and union level health facilities as per the standard procedure (including eLMIS)
* Barriers and bottlenecks regarding the supply of the needed drugs, equipment, and supplies from sender to the user/receiver level in the district, upazila and union level health facilities
* Relevant stakeholders perceptions on how to ensure the supply of the needed drugs, equipment, and supplies in the district, upazila and union level health facilities on time
* Challenges in the process of eLMIS implementation, reasons behind underutilization of the system and how to improve effective utilization of eLMIS

**Scope:**

This assignment will be implemented in the selected district, upazila and union level health facilities of Rangpur and Lalmonirhat and cover all the supply chain related management and issues (including eLMIS) of the facilities.

## 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)Central Medical Stores Depot (CMSD)National Nutrition Services (NNS)District Reserve Stores (DRS)Community Based Health Care (CBHC)National level hospitals to community clinics |

## Key Questions

The following questions will be reflected in the analysis:

* What is the availability and condition of the needed drugs, equipment, and supplies in the district, upazila and union level health facilities as per the standard procedure?
* What are the barriers and bottlenecks regarding the supply of the needed drugs, equipment, and supplies from sender to the user/receiver level in the district, upazila and union level health facilities?
* What are the perceptions of relevant stakeholders on to ensure supply of the needed drugs, equipment, and supplies in the district, upazila and union level health facilities?
* What are challenges in the process of eLMIS implementation, reasons behind underutilization of the system and how to improve effective utilization of eLMIS?

# **Study Methodology**

## Study Design

This study will be conducted at both National and Divisional to Sub-district levels of Rangpur and Lalmonirhat districts. The project is keen to see the know-how of the objectives of the study, thus the 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 SCI 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.

## Sampling

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

## Data Sources and Data Collection Methods/Tools

All primary data that will be collected during the study must facilitate disaggregation by layer (National, district, Upazila, union and below). SC will provide guidance on tools and classification schemes for this minimum dataset. The consultant will translate the tools, convert them to KoBo, if needed and propose data analysis plan as appropriate.

SC will provide support to communicate with stakeholders and provide access in relevant offices 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 (if requires) well-reputed enumerator (who have relevant experience for data collection). The enumerators should also have previous experience on studies on public health and health service delivery system.

## Ethical Consideration

The consultant (individual or firm) will follow SCI procedure of below:

* **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](https://resourcecentre.savethechildren.net/library/applying-9-basic-requirements-meaningful-and-ethical-child-participation-during-covid-19).
* **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]](#footnote-2)
	+ 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 various GoB facilities, where managing the availability of respondents and interviewees might be challenging.
* The consultant (individual or firm) team might have trouble getting required attention in sub-district 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.

#  **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 | 15 November |
| The study team will facilitate a **workshop** with the relevant stakeholders at the commencement of the project to develop the inception report. | 16 November |
| The study team will submit an **inception report\*** in line with the [provided template](https://savethechildren1.sharepoint.com/%3Af%3A/g/what/me/EvtNzatd2hlFgFZvAblFe98BeYqbxHcXg_CrZTLdP7Gp8Q?e=4dDyJ6), 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 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)
 | 23 November |
| **Inception report review** | 26 November |
| **Final data collection tools (in the report language)**:* Survey instrument
* Data collection mechanism
* Tool orientation
 | 30 November |
| **Data Collection** | 1-15 December |
| 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)
 | 31 December |
| **Data and analyses** including all raw data, databases, and analysis outputs | 31 January |
| **Final Study Report\*** incorporating feedback from consultation on the Draft Study Report | 31 January |
| **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\*\*
 | 05 February 2024 |

\*All reports are to use the Save the Children [Final Study Report template](https://savethechildren1.sharepoint.com/%3Af%3A/g/what/me/EvtNzatd2hlFgFZvAblFe98BeYqbxHcXg_CrZTLdP7Gp8Q?e=4dDyJ6). 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.

# **Reporting and governance**

For this research, the SCI study manager will be **Senior Manager –** **MEAL,** **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 Save the Children 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 Save the Children provided reporting template.

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

The Technical Director-Evidence and Learning will be accountable for approving the final study report.

#  **Study management**

The Consultant team lead will report to the **Senior Manager – MEAL, E&L, SCI.** 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 | 05 November  | Procurement Team |
| Tender review and selection of study team  | Procurement Bidding Committee member | 15 November | Sr. Manager-MEAL |
| Documentation review, desk research | Study team | 17 November | Sr. Manager-MEAL, PD-Jononi  |
| Consultation | Study team | 17 November | Senior Technical Advisor- Health and Nutrition, Sr. Manager-MEAL, PD-Jononi |
| Inception report, Review of inception report, Finalising Data collection tools | Senior Technical Advisor- Health and Nutrition, Sr. Manager-MEAL, PD-Jononi | 30 November | Sr. Manager-RLK  |
| Logistical arrangements | Study team | 30 November | Manager-FO |
| Data collection | Study team  | 1-15 Dec | Manager-FO, TS-MEAL |
| Data management and analysis (coding, transcriptions, data cleaning, integration, and analysis) | Study team | 1525 Dec | Sr Manager-MEAL |
| First draft of the study report  | Study team | 31 December | PD-Jononi,Sr. Manager-RLK |
| Review of first draft report | Senior Technical Advisor- Health and Nutrition, Sr. Manager-MEAL, PD-Jononi | 10 January, 2024 | Sr. Manager-RLK |
| Meeting with research team to finalize the report | Study team | 10 January, 2024 | Sr. Manager-MEAL, PD-Jononi |
| Validation of study findings and recommendations  | Senior Technical Advisor- Health and Nutrition, Sr. Manager-MEAL, PD-Jononi | 20 January, 2024 |  PD-Jononi |
| Final study report and submission of data and analyses | Study team | 31 January, 2024 | Sr. Manager-MEAL, PD-Jononi |
| Knowledge translation materials | Study team | 05 February, 2024 | Sr. Manager-MEAL, PD-Jononi |
| Project team meeting to develop Study Response Plan  | Study team | 05 February, 2024 | Sr. Manager-MEAL, PD-Jononi |
| Study final report  | Study team | 05 February, 204 | Sr. Manager-MEAL, PD-Jononi |

# **dissemination plan**

The study findings will be used for the eLMIS system strengthening. 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.

# **Research team and Selection Criteria**

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 logistic management system.
* Conducting research and/or assessment in the of eLMIS of similar logistics management 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.

# **schedule of payment**

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

* After Contract Signing: 30%
* Upon submission of first draft study Report: 50%
* Upon approval of final study report: 20%

# **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 criteria2**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.

# Annexes

**Annex 1: SCI Child safeguarding policy**

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|  |  |
| --- | --- |
| TOR prepared by: | Golam Fakhruddin, Manager - Field Operations, Jononi, SCI |
| TOR reviewed by: | Golam Mothabbir, Senior Technical Advisor, Health and Nutrition, Mohammad Sarwar Basher, Senior Manager – MEAL |
| TOR endorsed by: | Jatan Bhowmick, Project Director-Jononi, SCI |
| TOR approved by: | Md. Nasirul Islam, Technical Director – Evidence and Learning |
| Date of sign off: | 02 November 2023 |

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. [↑](#footnote-ref-2)