

CARE Bangladesh
Terms of References (ToR)
Consultancy for:

Assessing the social and behavioral barriers towards safe deliveries in hard-to-reach areas of Bangladesh; the role of skilled birth attendants

Project Summary:

Type of Study	Assessing the social and behavioral barriers towards safe deliveries in hard-to-reach areas of Bangladesh; the role of skilled birth attendants
Name of the project	SHOUHARDO III Plus
Project Start and End dates	1 October, 2022 and 30 September, 2024
Project duration	2 Years
Project locations:	Kurgram, Gaibandha, Jamalpur, Sirajganj, Kishoreganj, Sunamganj Habiganj and Netrokona
Thematic areas	Agriculture and Nutrition
Donor	USAID
Estimated beneficiaries	168,521 households
Overall objective of the project	Delivering improved, gender-equitable, and resilient food and nutrition security to at least 168,521 vulnerable households of the Char and Haor regions in Bangladesh until 2024.

Introduction:

Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III Plus is a two-year program (2022-2024) funded by the United States Agency for International Development (USAID). The program aims to deliver improved gender-equitable food and nutrition security and resilience for 168,521 Poor and Extreme Poor (PEP) households in the char and haor regions of northern Bangladesh. Building on the successes of the predecessor program, SHOUHARDO III Plus works with participants to pursue diversified sources of income, support inclusive and sustainable agricultural-led growth, enhance access to markets, especially for women and girls, and improve access to financial services for PEP participants. The program also promotes increased consumption of nutritious foods and micro-nutrients for children under five years of age, pregnant and lactating women, and adolescent girls. The program continuously engages and links the program-facilitated Local Service Providers (LSP) with the public and private sectors to achieve its aim. SHOUHARDO III Plus integrates gender, governance, Disaster Risk Reduction (DRR), environment, and private sector as cross-cutting components to maximize the program's impacts.

Table 1: Geographic Area and Population Coverage

Division name	District Name	Upazila/Unions/Community	Total number of Households	Number of active skilled birth attendants
Rangpur	Kurigram,	Char Rajibpur, Nageshwari	34,365	18
	Gaibandha	Fulchhari, Saghata, Sundarganj	39,200	13
Mymensingh	Netrokona	Kalmakanda, Madan, Khaliajuri	13,093	43
Dhaka	Kishoreganj	Austagram, Mithamoin, Itna, Nikli	13,809	21
Sylhet	Habiganj	Ajmiriganj, Baniachong	9,288	10
	Sunamganj	Tahirpur and Dowarabazar	9,907	23

Background of the consultancy:

Even though Bangladesh has made notable advancements in maternal and child health indicators over the past decade¹, most pregnant women still have to rely on birth attendants and have their childbirths at home. A recent report reveals that 47% of women still rely on birth attendants, but only 3% of midwives are properly trained. This scenario in the Char and Haor is even worse; nearly 70 percent of mothers in Char do not get medical attention during their pregnancy, while more than 85 percent do not receive postnatal care². It is a nightmare if someone becomes sick during the rainy season, particularly for pregnant women, since they must hire a boat to get to the nearest medical center. High costs, long distances to health facilities, and inadequate maternal health information often cause pregnancy complications³. In addition, cultural norms and social beliefs often hinder women's access to healthcare institutions for treatment during childbirth⁴. Due to poverty, most families cannot afford to go to a hospital or clinic for safe delivery and do not know the importance of antenatal care and delivery by a skilled birth attendant. So, when these women have problems giving birth and need emergency Cesarean sections, their families often wait too long to decide whether to go for Cesarean sections or the normal delivery. Health complications, such as fistula and others, frequently emerge as a result of Cesarean section. However, the Bangladesh government has started different campaign programs to motivate families to bring pregnant women to nearby healthcare institutions for safe deliveries.

With an aim to support pregnant women in the remote Char and Haor regions in northern Bangladesh, USAID's SHOUHARDO III Plus Program implemented by CARE Bangladesh introduced Private Community Skilled Birth Attendants (PCSBA) in early 2021 as Local Service Providers (LSP). PCSBAs are women identified and selected from within the communities. They provide service in hard-to-reach areas where government services are limited or unavailable. PCSBAs are trained and accredited as skilled birth attendants by the Bangladesh Nursing Council. PCSBAs promote institutional delivery and birth preparedness planning and provide skilled assistance for uncomplicated births for women who still prefer to deliver at home. For complicated pregnancies, PCSBAs make referrals for institutional deliveries. As per their role profile, the PCSBAs conduct regular activities such as pregnancy identification and registration; normal vaginal delivery; family planning, Antenatal check-ups (ANC), Postnatal check-ups (PNC), and Essential Newborn Care (ENC), Growth Monitoring and Promotion (GMP) services and Community-based Integrated Management of Childhood Illnesses (IMCI). They provide their services per the guidance of the Government's Ministry of Health and Family Welfare (MoHFW) with support from the local government representatives. PCSBA usually receives a service charge from the community per the service charge set by the local government authority (UP Chairman, members). The SHOUHARDO III program has trained 128 PCSBAs to serve the community. Initially, PCSBAs were trained for 6 months, per World Health Organization & MoHFW accredited Skilled Birth Attendant (SBA) training protocol, followed by 09 months of on-the-job training and support from the SHOUHARDO III Program. They are trained as per the government's Community Skilled Birth Attendant (CSBA) program (6 months of residential training) by the Obstetrical and Gynecological Society of Bangladesh (OGSB) which is Govt. accredited.

Objectives:

SHOUHARDO III Plus Program aims to investigate the challenges that poor and extremely poor households have when attempting to receive maternal healthcare services and the opportunities to overcome those challenges. The consultancy aims to capture the existing service quality and practice of the healthcare institutes in the mentioned regions, the social and cultural barriers influencing maternal healthcare services, and the roles of skilled birth attendants within and outside the existing healthcare

¹ https://shouhardo.carebangladesh.org/en_US/publication/final-report-on-the-p-csba-pilot-assessment/

² <https://www.dhakatribune.com/bangladesh/2022/08/23/what-is-driving-hospital-deliveries-in-rural-bangladesh>

³ Syed U, Khadka N, Khan A, Wall S: Care-seeking practices in South Asia: Using formative research to design program interventions to save newborn lives. *J Perinatol.* 2008, 28 (Suppl 2): S9-S13.

⁴ Choudhury N, Ahmed SM: Maternal care practices among the ultra poor households in rural Bangladesh: a qualitative exploratory study. *BMC Pregnancy Childbirth.* 2011, 11: 15-10.1186/1471-2393-11-15.

facilities. In addition, the Consultant will provide detailed insight into how SBAs linkage with different institutes uplifts the overall maternal and child health indicators in the Char

Sub Questions:

- How do various social and cultural factors influence maternal health?
- What is the capacity of the existing healthcare institutes to conduct safe deliveries in hard-to-reach areas?
- What is the experience of the poor and extremely poor in receiving maternal healthcare services at local healthcare institutions?
- What role are the community-based skilled birth attendants playing within and outside the existing healthcare facilities?

Process and Methodology

The Consultant(s) will develop a detailed plan in consultation with the SHOUHARDO III Plus Program, CARE Bangladesh. The work plan will describe how the consultancy will be carried out and may propose refinements to the scope of work. The Chief of the Party, SHOUHARDO III Plus Program, will approve this work plan.

A mixed-method approach will be used to get the required information from the different stakeholders in the mentioned regions. Women who gave birth in the last six months will be the primary source of information. However, the study will also reach young males, pregnant and lactating women, postnatal women, mothers-in-law, women with children under 5, husbands, older women, SBAs, doctors, nurses, and relevant government and private stakeholders. Information from various actors in the regions mentioned above, such as currently employed birth attendants, will be gathered using a mixed-methods approach. Use of questionnaire survey with pregnant and lactating women, SBAs; Focus Group Discussion with the pregnant and lactating women, mothers-in-law, women with children under 5, husband and older women, mal; and Key Informant Interviews with the doctors and relevant government and private stakeholders, In-Depth Interviews with the nurse and SBA. Women with children under two and skilled birth attendants will participate in case studies, short-term ethnographic research, and literature review in addition to the approach above.

Specific tasks, Outputs, and Timeframe:

The Consultant (s) will closely work with the SHOU III Plus technical team to remain on track. The Consultant (s) will prepare survey questionnaires, tropical outlines, and interview guides/manuals to gather information from various stakeholders. The Consultant (s) should draw a representative sample for the quantitative survey from SHOUHARDO III Plus participants in the Char and Haor regions. The sample will be drawn to follow a statistical procedure. The questionnaire should be developed in English and translated into its corresponding Bangla in the same questionnaire. The questionnaire will be pre-tested on the field to ensure that the questionnaire is refined and adequately contextualized. The qualitative guiding questions should also be pre-tested at the selected field sites.

Table 2: Specific tasks, Outputs, and Timeframe (Tentative)

SL.	Major Tasks	Key role of Consulting Firm	Key role of CARE	Time Frame
1	Contract signing	Both parties agreed and sign		Week 1 (30 July 2023)
2	Inception Report	The Consultant will prepare the inception report detailing the study methodology.	SHOU III Plus technical team will hold an inception meeting the clarify the design, methodology, and tools to be used in the study.	Week 1

3	Literature Review	The Consultant will identify relevant secondary documents and analyze them accordingly.	SHOU III Plus Technical team will provide relevant project documents (reports, guidelines) as appropriate to the Consultant (s) for an effective literature review.	Week 2
4	Prepare questionnaire	Consultants will prepare and submit detailed questionnaires, tools, and manual/guidelines for both quantitative and qualitative.	SHOU III Plus Technical team will review the tools and provide feedback and, upon incorporation by the consulting firm, will approve them	Week 3
5	Stakeholder mapping	The Consultant will prepare a list of different stakeholders to be reached for conducting the qualitative survey.	SHOU III Plus Technical team reviews the list and provides feedback on it (if required)	Week 3
6	Enumerators Training	Consultants will arrange the training of the enumerators on data acquisition.	SHOU III Plus Technical team will join the session to provide their feedback for updating the enumerators.	Week 4
7	Pre-testing of the tools	Consultant(s) will employ a team in the field to test the tools	SHOU III Plus Technical team will review the changes requested (if any)	Week 4
8	Field data collection	The Consultant (s) will conduct the survey using digital methods (Kobo/ODK), deploying the team in the field. They will maintain the data quality assessment plan and accuracy.	SHOU III Plus Technical team will randomly visit the field team and will cross-check the data quality assessment plan prepared by the Consultant (s).	Week 5-7
9	Data Cleaning and analysis	Consultant(s) will prepare a clean dataset and convert the dataset into an SPSS database for data management and analysis. The Consultant needs to develop a comprehensive data quality assessment plan for both quantitative and qualitative surveys.	SHOU III Plus Technical team will review the dataset	Week 8-9
10	Draft Report and presenting the key findings	The Consultant (s) will prepare the Draft Report and present the study's key findings with SHOUHARDO III Plus with all other deliverables.	SHOU III Plus Technical team will review the Draft Report and provide feedback on it.	Week 10-11
11	Final Report	The Consultant (s) will incorporate all the feedback and prepare the Final report.	SHOU III Plus Technical team will approve the final report	Week 12 30 October

Key deliverables

The consultancy is expected to start on 30 July '2023. The winning consultants/firm will get 120 calendar days / 3 months from signing the Contract to provide satisfactory final deliverables without fail, as no time extension will be granted.

- Inception Report
- Data Collection Tools (Quantitative and Qualitative)
- Literature review report with the list
- Draft Report
- Cleaned and Raw dataset, Codebook, Syntax, and Presentation file (ppt)
- Final Report

Final Report Requirements

The Consultant is accountable for maintaining the requirements for the final report's content, format, length, overall quality, and approved timelines. They will produce a comprehensive report that assesses the achievements, relevance, coherence, coverage, effectiveness, efficiency, outputs, and early outcomes of "Assessing the social and behavioral barriers towards safe deliveries in hard-to-reach areas of Bangladesh; the role of skilled birth attendants" so far and provide prioritized recommendations to maximize results. To simplify this process, CARE has developed an evaluation report template that can be modified to meet the needs of all projects, programs, and initiatives. The

Contract will be a deliverables-based contract, and each payment will be contingent on receiving the agreed deliverables in their final versions at acceptable quality standards.

The report must include:

- **A Title:** A title that conveys the name of the project, location, implementation period, as well as the main impact or key finding of the report.
- **An executive summary that focuses both on the process as well as the impact** that is no more than 2 pages in length and is formatted so that it can be printed as a stand-alone 2-pager about the project. If it is an evaluation report, then include **3-5 key impacts/findings:** What changed because of the program? What happened in the world, and why did it matter? These are the most significant accomplishments, supported by solid evidence. Each impact should be written as one or two sentences. **Talk about impact early on the report** so that the audience does not have to read the entire report before seeing evidence of change.
- **A clear methodology section:** the methodology should explain the evaluation questions and how the methodology chosen appropriately answers those questions. It should also contain key ethical considerations and a description of how the evaluators protected participants and personally identifiable information.
- **3-5 key lessons learned:** These should be short, actionable, and the most important aspects of what the program/analysis found. They need to be relevant and new for people outside of the direct program. They should also include highlights of what to improve in the future.
- **3-5 bullets describing how the project got to impact/3-5 recommendations:** It is important to have non-jargon descriptions of what a project did to get to impact. These are highlights of the most effective, relevant, and scalable approaches and tools. If this is an analysis and not an evaluation, then this section should be 3-5 key recommendations for what the project/program/initiative should do based on your findings.

Shareable Evidence: Evidence collected by the Consultant from the conclusions and recommendations must be submitted along with the final report. All datasets, qualitative interviews, and underlying data are owned by CARE and are included in the final deliverables. Sources of all evidence must be identified, conclusions must be based only on the evidence presented in the report, and recommendations must directly correspond to the conclusions.

Minimum expertise requirement /Team composition:

The Consultant (s) should have at least 15 years of experience conducting health and nutrition-related studies/research or similar and creating instructional learning content for organizational capacity development is needed for this study. The following are the main requirements:

Table 3: Requirements and experience of the consulting firm/individuals:

SL	Team	Required experience
I	Consulting firm or team leader	<ul style="list-style-type: none"> - Minimum of 15 years of experience in organizational capacity building, training, and facilitation in health and nutrition-related studies. - Should hold at least a Ph.D. degree in public health or a relevant field. Should have proven experience conducting similar studies, and developing training curricula, including meeting or workshop agendas, presentations, and training exercises. - Strong knowledge of the NGO sector, working with USAID-funded projects would add additional value. - Strong analytical and problem-solving skills and ability to develop and submit timely, high-quality deliverables - Experience in quantitative and qualitative methodologies and using different research techniques - Strong knowledge and understanding of the relevant government departments and agencies, their institutional and legal framework, NGO, private sector, LSPs, and their mode of operation in Bangladesh. Private

		sector experience would be desirable. - Excellent report writing and verbal communications skills evidenced by submission of recent, similar reports produced.
2	Deputy team leader	Minimum of 8-10 years of experience in organizational capacity building, training, and facilitation in health-related studies.
3	Data acquisition manager	5 years of proven experience in the similar studies
4	Research assistants	3 years of proven experience in the similar studies
5	Enumerators	2 years of proven experience in the similar studies

Evaluation Criteria:

The Consultant will be evaluated based on the following weight: 100 marks.

- Technical Score: 70%
- Financial Score: 30%

Technical Evaluation Criteria: (Score is 100 and weight is 70%)

The project will decide how many technical evaluation criteria they want to include, along with their score.

Table 4: Technical evaluation criteria:

Technical Evaluation Criteria (Indicative example thus, project may change as appropriate)	Allotted Score (Maximum)
Understanding of the assignment and methodology	55
Relevant program Experience and capacity of the firm and qualification of experts	20
Team composition, team expertise	15
Time-bound rollout plan	10
Total	100

Financial Evaluation Criterion: (Score is 100 and weight is 30%)

Only the participating bidders will be considered for this evaluation. The lowest bidders will be assigned with full/highest marks, that is, 100, and the subsequent highest bidders will get a proportionate lower score out of 100. The total score derived from the mentioned proposals (technical and financial) will be the final score and will be converted to a score out of 100. CARE Bangladesh also reserves the right to cancel or disqualify any proposal without explaining any reason whatsoever.

Application process:

If you are interested and feel competent to carry out this very exciting consultancy work, please submit the technical and financial proposal in two separate documents:

Technical Proposal:

1. Resume of team members/Organizational Profile with previous/ongoing client lists
2. A one-page application letter of expression of interest
3. Set of documents mentioned in the Technical Evaluation Criteria
4. Detailed Technical-narrative proposal with clearly outlined methodology, timeline, assessment approach and techniques, Level of Effort of each member of the consulting firm, and tools to be employed.

5. A sample of at least 2 recently written reports of similar assignments. (Optional but would give advantages)

Financial Proposal:

1. Filled a Financial Proposal outlining the fees and associated costs, including govt. Circulated VAT & TAX and provided budget notes.

Applications not including all of the above information will not be reviewed. CARE Bangladesh is an equal-opportunity employer.

Terms of Payment

The Consultant will be paid as per the following schedule:

Deliverables	Payment installment
Approved Inception Report	30% of the contract value
Data collection tools and Literature Report	15% of the remaining
First Draft Report	15% of the remaining
Approved Final Report	40%

Payments in local currency will be paid as per the standard procedure. There will not be any scope to pay in advance before starting the work. Consultant shall provide CARE Bangladesh with periodic and final invoice statements indicating Services performed, expenses incurred, past payments made, and any other information CARE Bangladesh shall reasonably request. Consultant shall provide a final invoice statement whenever requested by CARE Bangladesh up to sixty (60) days after the date set for the completion of the Services in this SOW. CARE Standard Payment Terms are 30 days from receipt of goods or services and an accurate and complete invoice acceptable to CARE Bangladesh.

Penalty Terms:

If the consultant/agency fails to provide services of any or all of the Contract within the period (s) specified in the Contract / Purchase Order, the Purchaser shall, without prejudice to its other remedies under the Contract, deduct from the Contract Price / Purchase Order amount, as a penalty, a sum equivalent to the percentage stated below:

Sl.	Total Delay	% to be deducted from the contracted value
1	First 5 days	2%
2	From 6 to 11 days	4%
3	From 12 to 20 days	6%
4	Above 20 days	The termination clause may be applicable as per terms of PO

****Deduction of the penalty amount will not be applicable in case if any extended completion time/ period is officially agreed upon and accepted by CARE Bangladesh after the completion date mentioned in PO.**

Intellectual Property Rights

CARE Bangladesh's copyrights are reserved for every data set, report, and strategy document generated by the Consultant during the consultancy period for the said purpose. The Consultant may not share these documents or use the evidence without informing CARE Bangladesh in writing.

Ethical Considerations

- **Participatory:** All stakeholders and beneficiaries type should be consulted during the study process to ensure true participation.
- **Inclusiveness:** Ensure that beneficiaries from different ethnic, social and religious backgrounds have the chance to participate, as well as with disabilities and who may be excluded or discriminated against in their community.
- **Ethical:**
The B+M+E or research must be guided by the following ethical considerations:

- Systematic inquiry: Consultant conduct systematic, data-based inquiries
- **Integrity/honesty:** Consultants display honesty and integrity in their own behavior and attempt to ensure the honesty and integrity of the entire study process.
- Safeguarding – demonstrating the highest standards of behavior towards beneficiaries, specially marginality
- 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 no special considerations against this.
- Broad participation - the relevant parties should be involved where possible.
- Reliability and independence - the baseline 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.
- Baseline 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.

Managing Unexpected:

The consultants must keep this in their prime consideration how to manage any unexpected situation like a strike and political uprising, or natural disaster that may affect the overall consultancy work. They should keep options for contingency plans and alternatives without compromising the overall quality, purpose, and timeline.

Special Terms and Conditions related to the submission of this tender:

1. Financial and technical proposal soft copies should be submitted in two separate documents.
2. Soft copy submission: no late submission after 18 June 2023 is going to be considered for evaluation. Rather it will be considered as disqualified unless otherwise a common valid reason is applicable for all other participators and considered by the procurement committee.
3. Timely submission by email has to be maintained very strictly as well to avoid any unnecessary hassle due to network quality or jamming; it is requested to submit the proposal a minimum of 02-03 hours before the time expires. However, if any sender sent their document at the right time but it reached us after the mentioned submission time will also be disqualified.
4. In case of soft copy submission, please submit proposals to the correct email mentioned in RFP.
5. You are requested to submit your proposal or financial offer on your company letterhead pad or, if it is on the white page, then with the company seal and sign.
6. Any kind of solicitation or effort to bribe any current CARE Bangladesh staff is not going to be entertained to get any special facility. Rather, reporting of similar kinds of activities will be dealt with severely, and the proposals shall not be considered.
7. CARE Bangladesh (BD) does not require to receive any payment in cash or in kind for including a vendor on its Approved Vendor List, inviting to submit a quotation, or for final selection as a supplier for goods and services. Likewise, it also strictly prohibits its employee from demanding such payment from a vendor or involvement in any form of conflict of interest. In case of any attempted request for such kind of payment from any employee as a vendor, you are kindly requested to send the complaint to CARE BD Country Director (CD) at email account BGDProComplaint@care.org or any of CARE BD's senior leaders. Please label the emails as "confidential & privileged." "Any proposals be submitted to the complaints email; they will be treated as spam, and the sender will be blocked, which will mean they will not be considered in the future for any submission". Moreover, the Vendor hereby declares and confirms that it and its employees do not

attempt to make such unlawful payment directly or indirectly to CARE employees or allow the involvement of CARE employees in any activity that leads to any form of conflict of interest. Such unlawful attempt and involvement shall be a ground for disqualification and blacklisting of the Vendor and cancellation of any existing order."

8. The terms and conditions mentioned here shall remain the same in the final agreement document.
9. CARE Bangladesh reserves the right to accept or reject partially or fully any or all quotations without assigning any reason whatsoever. CARE Bangladesh may not select the lowest bidder if the quality, specifications, etc., are not up to the mark and are not bound to provide any explanation about the selection process.