REQUEST FOR PROPOSAL NOTICE

Nutrition International (NI), a non-profit organization dedicated to eliminating vitamin and mineral deficiencies worldwide, invites proposals from competent Consultant(s) or Agencies for conducting data collection for **SNAP: School Nutrition for Adolescents Project (Bangladesh)**.

About Nutrition International

Nutrition International (NI), formerly the Micronutrient Initiative, is a global nutrition organization, headquartered in Ottawa, which aims to transform the lives of vulnerable people, especially women, adolescent girls and children, by improving their nutritional status and health as these groups often have the greatest unmet needs. Since 1992, NI has been building on a track record of success in vitamin A supplementation and salt iodization as well as in global advocacy, research and market shaping to address key micronutrient gaps, to include more direct support for the design and scale-up of nutrition programs at country level. NI continues to work in close partnership with governments, the private sector, international agencies, academia and non-governmental organizations (NGOs).

For 25 years Nutrition International has remained committed to its core vision: a world where everyone, everywhere, is free from malnutrition and able to reach their full potential. In that time, we have expanded our scope as well as our role, and outlined a bold vision for the next twelve years to 2030. Our Goal 2030 is to transform the lives of 1 billion vulnerable people, especially women, adolescent girls and children, by improving their nutritional status. The potential to transform is closely linked to overcoming gender inequalities. NI believes that improving nutrition is critical to achieving gender equality, and that improving gender equality leads to improved nutrition.

One of Nutrition International's key strategic goals is to enhance the global impact of micronutrient interventions by generating cutting-edge knowledge and utilizing it to develop sound policies and programmes while consolidating political will to achieve its vision. NI aspires to position itself as a global center of excellence in generating scientific research in the field of micronutrient programmes. It provides quality assurance for research and programmes while disseminating and translating new knowledge to influence and improve national and global policies and programmes. NI provides guidance and support for existing and future programme evaluations and coordinates the analysis and utilization of evaluation activity results.

Project Background & Rationale

In Bangladesh, iron deficiency is common and anemia is a public health concern. This is especially true among adolescents due to greater iron requirements to support rapid growth, inadequate dietary intake, and social inequality. Among girls, menstruation and early pregnancy can be additional contributing factors.

Infection with parasitic worms known as soil-transmitted helminths (STH) is also a public health concern, made worse by inadequate access to clean water and sanitation plus suboptimal understanding of and practicing proper hygiene. This exacerbates anemia and negatively impacts growth, health, and cognitive function. Consequently, educational achievement and future wage-earning potential can suffer.

The World Bank's Investment Framework for Nutrition (2016)1 recommends the scale-up of weekly iron and folic acid supplements (WIFAS) for adolescents, as part of the non-pregnant women of reproductive age group (15-49 years), in order to reach the World Health Assembly Global Nutrition Target for the reduction of anemia in women by 50 percent by 2025. Unfortunately, there remains minimal research on the effectiveness of delivery of WIFAS and other interventions through schools to reach for adolescents girls as well as other platforms for women out of school.

The Government of Bangladesh (GoB) has a national plan to improve adolescent health including through iron-folic acid supplements (IFA), education, and awareness. However, as no national program currently exists to execute the plan, GoB has welcomed financial and technical support for specific programs for adolescents with potential to scale-up nationwide. Secondary schools are a key existing platform which could allow for regular administration of a program to combat both iron deficiency and STH infection so adolescents can achieve their maximal potential. SNAP will be implemented in selected secondary schools in northern Bangladesh, and will demonstrate the effectiveness of secondary schools as a platform for delivery integrated package of nutrition and health interventions for adolescents. The package of interventions includes weekly iron-folate supplements (WIFAS) for adolescent girls, behavior change interventions, as well as support for WASH (water, sanitation, and hygiene), including menstrual hygiene management (MHM). The delivery of SNAP will also involve capacity building of stakeholders including parents and teachers.

It is estimated that approximately 26,000 adolescent girls will be reached with IFA, and boys will also be reached with other components of the intervention.

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1 Shekar et al. (2016). An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting. https://openknowledge.worldbank.org/handle/10986/26069

General instructions for the RFP

This Request for Proposals (RFP) is to conduct data collection in order to inform the process- and outcome evaluations of SNAP (School Nutrition for Adolescents Project) in Bangladesh.

A step-wise submission process will follow which will include submission of a Letter of interest (LOI) followed by submission of **proposals** only by selected agencies or individuals.

These instructions should be read in conjunction with the information contained in the enclosed Terms of Reference (ToR). NI is not bound to accept the lowest priced, or any, proposal. Nutrition International reserves the right to request any (or all) Respondent(s) to meet with the Nutrition International to clarify their proposal(s) without commitment, and to publish on its website answers to any questions raised by any Respondent (without identifying that Respondent).

Respondents are responsible for all costs associated with the proposal preparation and will not receive any reimbursement by NI.

SUBMISSION PROCEDURE

This proposal will be submitted in two steps:

1. First, qualified local consultant/s or agency/s are encouraged to submit a Letter of Intent (LOI), not exceeding 4 pages. The LOI should align with the Terms of Reference presented in **Annex A** AND include **Sections 1-3** as listed below. Attachments can be included as necessary. The LOI should clearly outline how the data collection would be implemented in-country. The consultant/s or agency may team-up with international agencies to carry out the data collection. **DEADLINE for submission February 27, 2019**.
2. Second, Nutrition International will evaluate received LOIs and select consultants/agencies from which to request a full proposal not exceeding 7 pages (technical implementation plan). **Full proposal submission deadline: 8 business days** after notification of selection.

Content of the full proposal submission

Cover-Letter and Declaration*:* Proposals must be accompanied by a cover letter with the respondent's address. The letter must be signed by a suitable authority to commit the Respondent to a binding contract. It must quote the RFP number and title, and include the declarations provided in **Annex D**.

Proposals will include the following sections:

SECTION 1: QUALIFICATIONS AND EXPERIENCE

- Previous data collection or research: Highlight experience in supervision or contribution to similar studies. Reference to or sample of previous report/s or research that the team has produced (up to two reports).
- Qualifications of the key personnel of the team: including resumes of each of the key team members (up to three pages per resume).
- Certificates for the completion of a course on the ethics of research involving human participants for each key team member.
- A description of the roles and responsibilities of each of the team members.

SECTION 2: TIMELINE

Timeline should include deadlines for each activity but not limited to the items mentioned below. Any other project specific time should be included as relevant.

- Inception meeting with NI
- Final proposal submission
- Training
- Data collection and quality assurance
- Report preparation
- Final report
- Final financial report

SECTION 3: FINANCIAL PROPOSAL

The consultant shall submit a Financial Proposal in a separate file detailing:

- A budget based on the format attached as **Annex C.**
- Breakdown of all activities, outputs and deliverables.
- Estimated cost disaggregated by the number of days the each of the team members will be working.
- Dates when separate financial reports will be submitted and when payment will be expected.
- All amounts need to be quoted in **Bangladeshi Taka (BDT).** Fees should be inclusive of all insurance and standard business overheads and taxes. Nutrition International will not pay for any overhead or indirect costs that exceed 10% of the total direct costs.

SECTION 4: BACKGROUND INFORMATION AND MAPS OF THE SELECTED AREAS

Include brief background/contextual information about the geographical areas that would be relevant to carrying out this consultancy. (As per the protocol)

SECTION 5: RISK ANALYSIS EXERCISE

Identifying barriers and risks of implementing the work and the response to these challenges.

SECTION 6: A LIST OF ACRONYMS USED

Include the full meaning all acronyms and abbreviations.

RFP General Disclosures

Respondents must disclose:

- If they are or have been the subject of any proceedings or other arrangements relating to bankruptcy, insolvency or the financial standing of the Respondent including but not limited to the appointment of an officer such as a receiver in relation to the Respondent personal or business matters or an arrangement with creditors or of any other similar proceedings.
- If they have been convicted of, or are the subject of any proceedings, relating to:
    - Criminal offense or other offense, a serious offense involving the activities of a criminal organization or found by any regulator or professional body to have committed professional misconduct.
    - Corruption including the offer or receipt of any inducement of any kind in relation to obtaining any contract, with Nutrition International, or any other contracting body or authority.
    - Failure to fulfill any obligations in any jurisdiction relating to the payment of taxes.
    - Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any

person regardless of their relationship to the victim, in any setting, including but not limited to home and work[2]

- Conflicts of interest:
  - Respondents must disclose in their proposal details of any circumstances, including personal, financial and business activities that will, or might, give rise to a conflict of interest. This disclosure must extend to all personnel proposed to undertake the work.
  - Where Respondents identify any potential conflicts they must state how they intend to avoid any impact arising from such conflicts. NI reserves the right to reject any proposals which, in NI's opinion, give rise, or could potentially give rise to, a conflict of interest.
  - With respect to this condition, please be advised that the organizations that may fall within the scope of this evaluation will include those below, with which any association must be disclosed:
    - Nutrition International
    - Government of Canada
    - BRAC
    - CDC Foundation
    - ResInt Bangladesh or ResInt Canada
    - Other related development partners

Profile (team leader/s or key consultant/s)

The consultant/agency interested in submitting a proposal to conduct this study should have:

- At least five years of experience in collecting data for similar types of research such as impact and process evaluations or monitoring projects in the field of nutrition (preferably with emphasis on adolescent girls in Asia).
- The consultant is expected to be aware of the most up-to-date evidence on adolescent nutrition, school-based nutrition interventions, iron nutrition, MHM, and WASH projects.
- At least five years of experience in collecting and analyzing quantitative and qualitative data.
- Access to a licensed copy of, and experience in using, qualitative data analysis software like NVivo or atlas. Ti, from which the full dataset can be saved and shared or exported to other software formats.
- Language skills: Speaking and writing English and Bengali (essential).
- Familiarity with the context of Northern Bangladesh.
- Familiarity with SNAP interventions and international guidelines is an asset.
- Completed a course on ethics in research on human participants and be able to train the evaluation data collectors on protecting human participants in research before the data collection.
- A qualified gender specialist (see above) should be a member of, or contribute to, the team.

Submission

The LOI (and later proposal, if invited) shall be put into a covering email specifically indicating with the subject line "SNAP Data Collection – response to RFP"

2 See further: WHO Definition of Sexual Violence:
http://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf?sequence=1

Dr. Chowdhury Jalal (E-mail**: cjalal@NutritionIntl.org**)

For any clarification required, please write an email to Vanessa Pike (vpike@nutritionintl.org).

Please note:

- LOIs and proposals must be submitted in English.
- Only E-mail bids will be accepted.
- Any clarification on the scope of work and submission process will be communicated giving equal opportunity to all applicants. Prior to submission a virtual meeting may be organized to provide more information If required.
- Only those short-listed will receive an acknowledgment. Candidates may be called for a personal interaction over phone or Skype.
- Late submissions will not be accepted under any circumstances.

Nutrition International will evaluate received LOIs and select consultants/agencies from which to request a full proposal. If notified, the full proposal should be submitted by the selected consultant/agencies in **7** business days.

Receipt, Evaluation and Handling of Proposals

Once a submission is received before the due date and time, Nutrition International will:

- Log the receipt of the submission and record the business information.
- Review and qualify all LOIs or proposals and retain the business details on file with a note indicating qualification/disqualification (in terms of meeting the terms set out in these instructions).
- Evaluate all responsive LOIs or proposals objectively in line with the criteria specified below Inform respondents within fifteen (15) business days of the evaluation decision being made.

Nutrition International reserves the right to:

- Accept or reject any and all proposals, and/or to annul the RFP process, prior to award, without thereby incurring any liability to the affected Respondents or any obligation to inform the affected respondents of the grounds for Nutrition International's actions prior to contract award.
- Negotiate - with Respondent(s) invited to negotiate - the proposed technical approach and methodology, and the proposed price based on the Respondent’s proposals.
- Amend this RFP at any time.

ANNEX A. TERMS OF REFERENCE

PART 1: BACKGROUND INFORMATION

The project will test and evaluate a program model for reducing anemia among adolescent girls in schools which is delivered in an integrated package for boys and girls alongside deworming, WASH (water, sanitation, and hygiene), behavior change interventions (BCI) on all topics, and support for menstrual hygiene management (MHM) for girls. Results will be used to generate a business case for investing in the scale-up of an integrated approach to improving adolescent girls' health, nutrition, and education.

Overall objective of the project

Overall, the project aims to demonstrate the effectiveness and scalability of using the secondary school platform to deliver IFA co-delivered with WASH, MHM, STH treatment, and behavior change intervention (BCI) to improve the nutrition and health status of adolescents in selected districts of Bangladesh. Ultimately, NI aims to provide recommendations to the GoB about how to best implement its adolescent IFA policy through scale-up of this integrated program.

Specific objectives of the project

The specific objectives of this demonstration project are to:

1. Identify an appropriate and effective delivery mechanism for the provision of an integrated package of interventions including IFA, WASH, MHM, and BCI to adolescents via the secondary school platform (grades 7- 10).
2. Identify key factors that would optimize the implementation efficiency and cost-effectiveness of delivering the integrated package to the target group.
3. Enhance the intake of IFA supplementation among adolescent girls.
4. Reduce the prevalence of anemia and improve iron and folate nutrition among adolescent girls.
5. Improve the overall health and nutrition status of adolescent boys and girls.
6. Increase uptake of STH treatment among adolescent boys and girls.
7. Through a behavior change intervention (BCI), improve Knowledge, Attitudes, and Practices (KAP) and social acceptability among adolescents and their key social influencers regarding: IFA supplementation, nutrition (including dietary diversity), WASH (including MHM), and deworming.
8. Reduce self-reported morbidity due to improved WASH behavior.
9. Reduce barriers to menstrual hygiene management (MHM) for girls and thereby increase their school attendance.
10. Determine whether the addition of WASH and MHM components (full package) is more effective than the limited package in improving outcomes.
11. Provide policy recommendations and a costed action plan to GoB on implementation of a scaled-up school-based nutrition program to deliver IFA and to improve nutrition and health of the adolescents nationwide.

Activities of the Project

The overall strategy focuses on demonstrating an integrated multi-sectoral approach to achieve the objectives of the program. NI will also work with other entities to share knowledge about, and work to implement, specific programmatic aspects that offer synergies and scope for integration.

The components of this integrated intervention are explained in Table 1. The Full Package (FP) will include all elements, whereas the Limited Package (LP) will not include WASH or MHM components. Other ancillary activities will also be included.

Table 1: Project Intervention Package

Intervention	Activities	Target audience
IFA supplementation	Weekly provision of iron-folic acid supplements (WIFA)	Adolescent girls
BCI	Changing the knowledge, attitudes, and practices (KAP) of nutrition (including dietary diversity), IFA, WASH and menstrual hygiene management (MHM), STH, deworming	Adolescents, parents, school staff, and other stakeholders
WASH*	Ensure availabiltiy (or provision) of water, sanitation, and hygiene supplies	Adolescents
MHM*	Support for menstrual hygiene management (MHM)	Adolescents girls

* Not included in the "Limited Package" (LP)

Target Population Group

Primary target group. The primary target population for this project intervention package is adolescents in secondary schools consists of grades 7, 8, 9 and 10 which covers approximately ages 14 to 19 years. Only grades 8 and 9 will be included in the outcome evaluation.

Secondary target group. The secondary target population – also here referred to as the 'social influencers' of the adolescents – will be the recipients of various capacity building efforts around IFA supplementation, and Hygiene & Nutrition Education. They mainly include the service providers, in this case, the secondary school teachers, school principals, parents, and policymakers.

Research Design

The evaluation research design includes an outcome evaluation and process evaluation. For the outcome evaluation, cross sectional baseline and endline school surveys will be collected in Joypurhat district. The process evaluation will occur in schools throughout the project period in both Joypurhat and Sirajganj district. The following table (Table 2) indicates the design of the intervention research:

Table 2: Research design: Number of schools in each group

Type of district	**District name**	**Arm A** Full Package	**Arm B:** Limited Package	**Arm C:** Control (no intervention)	Total schools for Outcome Evaluation data collection	Total schools for Process Evaluation data collection
Intervention + Process evaluation + Outcome evaluation	Joypurhat	25	25	25	75	90
Intervention + Process evaluation	Sirajganj	10	5	0		

Total number of schools receiving the intervention	65	

For the outcome and process evaluation, the final protocols and materials will be provided by the Centers for Disease Control and Prevention (CDC)/CDC Foundation (CDCF). For the baseline and endline cross sectional surveys in Joypurhat, 36 girls and 12 boys per school will be selected to participate (2,700 girls, 900 boys, and 3,600 students total). Biological data (anthropometry and blood) will be collected only among girls. Observations of the school environment and interviews with select teachers and others will also be collected during the pre- and post-surveys.

STAKEHOLDER INTERESTS

NI has been involved in discussion with a number of government and non-government entities. The list of entities includes, but is not limited to:

- Ministry of Health and Family Welfare (MoHFW)
- Institute of Public Health and Nutrition (IPHN)
- Ministry of Education Directorate of Secondary and Higher Education (MoE DSHE)
- BRAC – an implementing partner at the school level
- ResInt Bangladesh - developing a behavior change intervention (BCI)
- CDC/CDC Foundation – research partner

PROJECT STATUS

Currently the project is in the latter months of planning and preparation, due to be implemented in schools by July 2019. SNAP will be implemented in schools until March 2020.

PART 2: DETAILS OF THE DATA COLLECTION CONSULTANCY

The implementation model of this project are focused on generating evidence of effectiveness of secondary schools as delivery platforms for an integrated package of nutrition and health interventions for improving the health of school-going adolescents in Bangladesh. The two main components of the research are the process evaluation (PE) and outcome evaluation (OE). Together, the accumulation of evidence will be used in order to inform potential scale-up of the project and implementation of future programs.

NI is seeking to contract a data collection agency team to coordinate all elements of data collection for the OE and PE for SNAP (mainly, baseline and endline surveys for the OE in Joypurhat and PE data collection throughout in both districts) with technical assistance from CDC/CDCF. This will include preparing for the training (in coordination with NI and CDC/CDCF), hiring staff, organizing logistics, cold chain, and transportation, and procurement of supplies, among other activities. The contracted agency will also support the programming of questionnaires, training on electronic data collection and data management on a daily basis during fieldwork, transcription and translation of qualitative interviews, as well as uphold data quality throughout the contract.

The CDC/CDCF is working closely with NI in the designing and execution of the project process and outcome evaluations. **Forthcoming protocols for the PE and OE from CDC/CDCF will contain details**

and instructions beyond the preliminary information in this ToR, and are to be followed throughout the contract.

Major activities to be accomplished (more details below and in forthcoming protocols):

- At baseline and endline, collect survey data including questionnaires, anthropometry and blood samples from adolescent girls, including maintenance of cold chain for blood samples
- Throughout the project, collect, clean, translate, and report on relevant qualitative and quantitative data from adolescents and key stakeholders
- Provide descriptive statistics and qualitative results in a report to NI according to approved guidelines, along with cleaned data translated into English in an approved format

Scope of the survey and specific roles of the survey team

The consultant team will implement the baseline and endline surveys and process evaluation data collection in project areas in collaboration with NI. They will work closely with CDC/CDCF, and NI (and possibly IPHN and DSHE) to define and validate methods for carrying out the survey. This will include the development of a comprehensive work plan for the surveys and strictly following the protocol to be provided.

The survey team will be tasked with the following specific roles. How and when each of these roles will be accomplished must be taken into consideration in the proposal to be prepared in response to this RFP:

- Implement baseline and endline surveys and process evaluation in accordance with the protocol, including all training procedures, and anthropometry techniques
- Through an NI-designated phlebotomy team, blood collection with proper phlebotomy practices at baseline and endline; ensure blood samples are appropriately packed and shipped following CDC guidance to the laboratory of NI's choice for analysis, in a timely manner and maintaining the cold chain
- Assist CDC/CDCF in training all survey staff
- Manage and supervise the survey implementation, including quality control for all aspects of the survey
- Work continuously with the CDC/CDCF and NI to ensure activities are aligned with outcome evaluation and process evaluation protocols and procedures[3]
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- Clean and analyze data and prepare survey reports in accordance with to-be-approved project protocols and timeline and in collaboration with all project partners
- Provide timely technical and financial reports, according to grant agreement with NI

See protocols from CDC/CDCF for further details.

Survey Team Profile

3 CDC/CDCF will be available to help troubleshoot any issues, review data quality, and provide technical support.

The survey team should be hosted by a university or institution in Bangladesh and should comprise an appropriate number of members with relevant knowledge and experience (for example, in nutrition, health, anthropology, statistics, and quantitative, qualitative, and biochemical data collection involving phlebotomy and maintaining cold chain). Other interviewers and data collection officers may be hired as necessary to fulfill the requirements of this project. The team's up-to-date CVs with current level of time commitment and previous/current grants obtained must be provided to NI as an annex to the proposal.

Teams should include enumerators, lab technicians, and team supervisors. There should also be a survey manager and a lab coordinator. In addition to the field teams, there will also be a general enumerator in charge of observing schools and filling out the observation checklist with specific data collection, as well as administering additional questionnaires with select staff and student leaders and testing water at schools. A suggested field team composition is depicted in the table below.

Table: Example composition of the field teams

Field work staff	**# per team**	**# per 5 teams**
Survey manager	0	1
Lab coordinator	0	1
Survey assistant	0	1
Team lead	1	5
Lab tech	2	10
Student enumerators	6	30
General enumerator	1	5
Driver	1-2	7

It is estimated that it will take approximately 20 days for data collection (i.e., approximately 3 weeks) to be completed in 75 schools. The expectation is that five field teams will each collect data from one school a day. In each school each day, lab techs (selected by NI) will each collect 18 blood specimens; enumerators will each complete eight student interviews and collect anthropometric data (supervisors will assist anthropometry); and the general enumerator will complete 5 questionnaires, all observations in the school setting, and water testing from the school. The survey assistant or other staff will collect GPS coordinate data from select student households and health facilities. These estimates and the supervisory and coordination positions may be revised based on input from the contracted agency and piloting and pretesting of all procedures.

See outcome evaluation and process evaluation protocols to come from CDC/CDCF for more description of field teams, including procedures and responsibilities.

Training of survey team

All survey team members will participate in training in Bangladesh (approximately 10 days) led by the survey organization and CDC/CDCF. This training will cover orientation to the study design, school-based activities, how to sensitize the selected schools and communities, detailed information on the selection process of those participating in interviews in the selected schools and the consent process. The training will include classroom-based training and field-based practical training and pilot testing.

A comprehensive manual will be provided to the field staff which includes detailed information on: conducting interviews, and measurement techniques, instructions on how to complete each question, observation and test water. The training will include:

- Use of electronic devices
- Identification of those selected for interview
- Questionnaire content
- Questionnaire administration and interviewing techniques
- Informed consent and assent
- Anthropometry procedures and standardization exercise
- IV blood collection procedure, processing, use of the HemoCue, cold chain procedures (for the NI-selected phlebotomy team)
- Observations of the school setting

Methodology

Please refer to the outcome evaluation and process evaluation protocols from CDC/CDCF for details on the survey design, methods, and tools. The surveys will be cross-sectional.

Tools/Materials

Fifteen (15) questionnaires will be provided from CDC/CDCF to collect for the baseline and endline surveys. These will be administered to adolescent girls, adolescent boys, student leaders, head teachers, and teacher leaders assigned to WIFA, MHM, and WASH. The final questionnaire will be an observation checklist. Data will be collected electronically using tablets. Enumerators will administer questions orally in Bangla, although there will be both English and Bangla versions displayed on the tablets. Baseline and endline survey questionnaires are similar but do vary.

Lab technicians from an NI-selected phlebotomy team will collect blood specimens from girls using the IV technique and store samples in vials in a cool box until processing. Lab technicians will be responsible for maintenance of cold chain during the day and processing of blood samples at the end of the day until turning over custody of collected samples to the lab coordinator after the day's work.

Supplies such as measuring boards, weighing scales, and blood collection supplies will be provided to the phlebotomy team for biological data collection. The complete list of equipment and supplies needed for the survey will be made available to the contracted agency. Each team will be required to complete an inventory prior to going to the field at the start and daily thereafter to ensure they have

adequate supplies. Special care and handling will be made, to ensure proper functioning and accurate measurement of electronic and mechanical equipment by checking them daily.

The survey team is expected to work closely with CDC/CDCF to ensure validity of the translated survey tools. CDC/CDCF may provide some supervision and support to ensure timely implementation of a high-quality data collection.

Approvals

Ethical approval will be sought from the Bangladesh Medical Research Council (BMRC), which is underway. Approval will also need to be granted from the Bangladesh NGO Affairs Bureau.

Scope

The following provide an indication of the types of data to be collected, and from which groups. The OE and PE protocols forthcoming from CDC/CDCF will have the final details of what is to be collected.

Biological data (from adolescent girls)

See outcome and process evaluation protocols. The following is a tentative and preliminary list of the types of data to be collected, but the forthcoming protocols should be relied upon for final direction of what's to be collected.

- Venous blood samples
- Anthropometry (height and weight)

Qualitative data: (from adolescent girls, adolescent boys, school teachers/administrators, project officers, and parents of adolescents)

- Perception of and receptivity to various intervention components, including WIFAS, and intervention package as a whole (by adolescents, parents, teachers, and community members)
- Reach of the intervention to secondary audiences and perception of secondary audience of key messages
- Level of fidelity to intervention as planned and description of deviations
- Functionality of IFA supply chain and other logistics
- Efficiency of monitoring
- Presence or emergence of additional costs and required resources to ensure project functioning
- Adequacy of BCI to address social and cultural norms regarding all components
- Ability of adolescents to articulate BCI messages in a way that can be understood by peers
- Extent MHM supplies are meeting needs of girls at school
- KAP of adolescents, teachers, and parents about iron deficiency, WIFAS, nutrition, WASH, MHM, and deworming (BCI key messages)
- Barriers to intervention adoption and behavior change
- Promoting and inhibiting factors for adoption and potential scale-up

- Presence or absence of infrastructural supports to sustain program
- Factors to consider for course-correction
- Changes to project suggested by stakeholders

Quantitative data (from school teachers and project officers)

- WIFA coverage/consumption rates
- Improvement in adolescents' and teachers' KAP of BCI key messages
- Rate of in-school latrine/WASH facility and supplies usage
- Purchase, use, and demand of MHM products
- School attendance in each study arm
- Dietary diversity
- Self-reported health and morbidity in each study arm
- Self-reported health and nutrition
- Coverage/consumption of STH treatment in each study arm
- Budgetary indicators in each study arm
- Extent/rates of adoption of desired behaviors
- Extent/rates of refusal to participate in various components of intervention

Data Management and Quality

A data manager on the survey team will be responsible for data cleaning and basic analysis of the data (to cross-check the validity of the data). The data analysis plan will be developed by the survey team, in collaboration with NI, based on established tools, and in coordination with CDC/CDCF. The plan will outline methods for collecting and cleaning quantitative and qualitative data, as well as collecting, transposing and coding qualitative data.

A programming expert will program the tablets using Open Data Kit (ODK), and will have internal checks on data validity. The programming expert wil be available during pre-testing, training and data collection for trouble shooting as needed. Data collected on the mobile tablet devices will be uploaded daily to an electronic MS Access (Microsoft, USA) database during data collection, with a backup saved to a different secure additional location. Data-checking routines will be run daily to identify data errors, and field teams will be able to return to the relevant schools if required to rectify these errors. The data manager will check the database daily for systematic errors and report to the survey coordinator and supervisors any data problems to resolve.

The data collected during the survey data collection will be maintained and stored in a secure server in NI Bangladesh and at NI, Ottawa; no personal identifying information will be stored in the data base. A cleaned de-identified database will be sent to CDC/CDCF for data processing and analysis with support from the data collection partner.

Please include in the proposal a detailed description of the quality check process planned for this project and profiles of the data manager and programming expert.

Timeline

Training for baseline surveying is being planned for early June 2019, with baseline data collection immediately following. After the survey is complete the school-based program will be rolled out beginning July 2019. Tentatively, training for endline surveys would occur mid-February 2020 and collected in March 2020. All activities and deliverables need to be finalized before April 15, 2020. Please complete Annex B as a detailed timetable of activities. The timeline should clearly indicate the expected activities and deliverables for each individual involved in the current project.

SCOPE OF WORK & DELIVERABLES

The agency will carry out the following non-exhaustive list of activities and provide the following deliverables. Any other relevant deliverables to accomplish the work should be added by the agency, particularly with regard to the endline survey:

1. **Preparatory Phase**
   The agency will review provided data collection plan and protocols from CDC/CDCF and meet with NI staff, CDC/CDCF, and relevant stakeholders (as brought in by NI) through in-person-, or tele-, or video-conferences to collectively discuss and agree upon a tentative timeline and budget for the work. These documents will be submitted to NI along with the proposal.

   Deliverable 1*: Final version of initial proposal including tentative timeline and tentative budget (example in* ***Attachment B****) submitted to NI within 7 business days from the day of meeting between NI, CDC/CDCF, and the agency.*

2. **Completion of ethics training**
   All team members are expected to have completed an internationally recognized ethics training. If not, NI recommends to take the free online course that is available through the NIH Office of Extramural Research at https://phrp.nihtraining.com/users/login.php. A confirmation of completion will be provided at the end of the course.

   Deliverable 2*: Certificates of ethical course completion of applicable team submitted to NI within one month of hire date.*

3. **Finalize timeline, budget, and draft field plan**
   A finalized version of the timeline and final budget is to be submitted along with a detailed field plan. The draft field plan should take into consideration all logistics necessary for data collection for the OE and PE as outlined in the protocols from CDC/CDCF

   Deliverable 3*: Final timeline, budget, and draft field plan submitted to NI.*

4. **Baseline survey training**

The data collection team will attend training for baseline surveys as conducted in coordination with CDC/CDCF (details forthcoming).

Deliverable 4: *Data collection team attends training for baseline data collection provided by CDCF.*

5. **Baseline survey data collected**
   The data collection teams will conduct baseline interviews with adolescents and teachers and gather data from all other sources such as school registries as outlined in the impact evaluation protocol from CDC/CDCF.

   Deliverable 5: *Baseline interviews conducted and other baseline data collected and submitted to NI.*

6. **Baseline blood samples stored**
   The NI-designated phlebotomy team, in coordination with the data collection agency, will ensure all baseline survey blood samples are properly collected, labeled, and stored through a maintained cold chain to the laboratory (identified by NI) in Bangladesh until shipped internationally for analysis.

   Deliverable 6: *Baseline blood samples properly collected and stored in a Bangladeshi lab laboratory (identified by NI) until shipping.*

7. **Endline survey training**
   The data collection field teams will attend training for endline surveys as conducted in coordination with CDC/CDCF (details forthcoming).

   Deliverable 7: *Data collection field teams attend training for endline data collection.*

8. **Endline survey data collected**
   The data collection team will conduct endline interviews with adolescents and teachers and gather data from all other sources such as school registries as outlined in the impact evaluation protocol from CDC/CDCF.

   Deliverable 8: *Endline interviews conducted and other endline data collected and submitted to NI.*

9. **Endline blood samples stored**
   The NI-designated phlebotomy team, in coordination with the data collection agency, will ensure all endline survey blood samples are properly collected, labeled, stored, through a maintained cold chain until arrival to the Bangladeshi laboratory (identified by NI) until shipped internationally for analysis.

   Deliverable 9: *Endline blood samples properly collected and stored in Bangladeshi laboratory until shipped to international lab for analysis.*

10. Baseline and endline blood samples shipped

Baseline and endline stored blood samples are shipped following CDC guidance to international laboratories (identified by NI).

Deliverable 10: *Baseline and endline specimens properly stored, packaged and shipped to international laboratory (identified by NI) for analysis.*

11. Process evaluation data collected

Throughout the duration of the project, as per the process evaluation protocol from CDC/CDCF, maintaining any deadlines therein, the agency will collect all appropriate data and maintain it in high quality.

Deliverable 11: *All process evaluation data to be submitted to NI and CDC/CDCF at the end of the project.*

12. Final data cleaned

All final qualitative and quantitative datasets are to be cleaned and submitted to NI and CDC/CDCF in their prespecified format.

Deliverable 12: *Final, cleaned datasets, codebooks, and syntax submitted to NI and CDC/CDCF.*

13. Draft reports

The agency will prepare draft technical and financial reports including descriptive statistics according to an outline and table shells developed in coordination with CDC/CDCF and approved in advance by NI. The technical report should include a summary of field activities, data collection challenges and the solutions employed to overcome them, and results including approved tables. The financial report will include budgeted and actual amounts according to the instructions to be provided by NI.

Deliverable 13: *Draft financial and technical reports on baseline and endline submitted to NI within two months of data collection.*
Deliverable 14: *Draft financial and technical report on the process evaluation submitted to NI by a date to be agreed upon.*

14. Final reports

The agency will submit the final technical and financial reports based on feedback given by NI and CDC/CDCF on the draft reports. All data and materials associated with this contract (including cleaned datasets, codebooks, syntax, translated transcripts, etc) will also be submitted to NI at this time.

Deliverable 15: *Final financial and technical report submitted to NI by _____*

ANNEX B. PROJECT IMPLEMENTATION PLAN, TIMETABLE, AND RESPONSIBILITY

Deliverable	Activities	Responsibility	Month				Month				Month				Month			
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4

ANNEX C. BUDGET TEMPLATE

NOTE: This is a non-exhaustive template; please modify and fill according to the deliverable needs

	Particulars	Person Days	Rate	Remarks
A	SALARIES/PROFESSIONAL FEES			
A1	Professionals			
A2	Field Staff/Consultants			
	Sub Total of A			
B	TRAVEL, TRANSPORTATION (Vehicle Expenses/Local Conveyance			
B1	Local Conveyance for field work			
B2	Local Conveyance for Professional Staff			
B3	Local Conveyance for Field Researchers			
	Sub Total of B			
C	In-Country Travel (Travel expenses for Professional staff from base station to states/districts:			
C1	Air Travel			
C2	Train Travel			
	Sub Total of C			
D	DAILY ALLOWANCE/LODGING EXPENSES			
D1	Professional staff			
D2	Field researcher			
	Sub Total of D			
E	OFFICE EXPENSES			
E1	Stationary			
E2	Communication & any other			
	Sub Total of E			
F	MEETING EXPENSES			
F1	Consultation workshop cost			
	Sub Total of F			
	TOTAL OF DIRECT COST (A to F)			
G	Management Cost (10%) on Total Direct Cost			
H	Total (A to F)+G			

ANNEX D. DECLARATION FORM

"We have examined the information provided in your Request for Proposals (RFP) and offer to undertake the work described in accordance with requirements as set out in the RFP. This proposal is valid for acceptance for 6 months and we confirm that this proposal will remain binding upon us and may be accepted by you at any time before this expiry date."

"We accept that any contract that may result will comprise the contract documents issued with the RFP and be based upon the documents submitted as part of our proposal.

"Our proposal (Technical and Financial) has been arrived at independently and without consultation, communication, agreement or understanding (for the purpose of restricting competition) with any other Respondent to or recipient of this RFP from the Nutrition International.

"All statements and responses to this RFP are true and accurate."

"We understand the obligations regarding Disclosure as described in the RFP Guidelines and have included any necessary declarations."

"We confirm that all personnel named in the proposal will be available to undertake the services."

"We agree to bear all costs incurred by us in connection with the preparation and submission of this proposal and to bear any further pre-contract costs.

"I confirm that I have the authority of **[insert name of organization]** to submit this proposal and to clarify any details on its behalf."

Name: …….

Title: …….

Date: ……

Signature: ……