

**REQUEST FOR APPLICATIONS TO SERVE AS A LOCAL IMPLEMENTING PARTNER FOR THE 2013
MARKETING INNOVATIONS FOR HEALTH BASELINE SURVEY**

APRIL 2013

Overview and purpose of the RFA

Marketing Innovation for Health (MIH) Project

In July 2012, USAID/Bangladesh awarded the Social Marketing Company (SMC) a four year Cooperative Agreement for implementing the Marketing Innovation for Health (MIH) Program. Under this agreement SMC and its partners will implement an integrated social marketing program to provide a comprehensive range of products and services to the target populations in Bangladesh. SMC partners in this program include Population Services International (PSI), BRAC, Concerned Women for Family Development (CWFD), Population Services and Training Center (PSTC), Shimantik, and EngenderHealth (EH). The MIH project started July 26, 2012 and will end July 25, 2016.

The goal of MIH is to contribute to sustained improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services, through the private sector. The program objectives by components (Results) are as follows:

Result 1: Increase availability and reach through expanded Commodity Sales and Distribution through private sector networks, including non-governmental organizations (NGOs), at an affordable price to support family planning and other healthy practices especially focused on low income populations.

Result 2: Improve knowledge and healthy behaviors, reduce harmful practices and increase care-seeking practices while reaching out to new audiences (youth) through creative Behavior Change Communication

Result 3: Improve and sustain the delivery of quality family planning, reproductive and child health services, referrals/DOTS services for TB, and referrals for higher-level clinical services, including LAPMs through Capacity Building of local formal and non-formal private providers.

The MIH interventions encompass three major areas – community mobilization in 19 priority districts, behavioral change communication (BCC) campaign, and capacity building of private providers nationwide.

Implementation of the 2013 MIH Baseline Household Survey

MEASURE Evaluation has been designated as the external evaluator for the MIH Project. MEASURE Evaluation, with the support of USAID, will examine changes in key outcome indicators and will evaluate the impact of the MIH interventions at the population-level in the 19 priority districts. The evaluation will be based on individual-level data collected through household surveys before and after the MIH interventions in MIH intervention and comparison areas. Through this Request for Applications, MEASURE Evaluation seeks an organization to serve as our local partner for the implementation of a baseline household survey related to family planning/reproductive health, maternal health, child survival, TB and nutrition. The purpose of this RFA is to determine the organization best suited to play this role. The successful applicant will demonstrate superior technical, logistical, and organizational capacity to implement a household survey focused on family planning/reproductive health, maternal and child health, TB, and nutrition.

Survey Objectives

The objective of the baseline household survey is to collect quantitative data on family planning/reproductive health, maternal and child health, healthy behaviors and knowledge, TB, and nutrition indicators in MIH project areas located in 19 priority districts and their respective comparison areas, in the Divisions of Barisal, Chittagong, Dhaka and Sylhet. It is anticipated that the information will be used as a baseline against which to measure changes in key indicators resulting from the MIH's interventions. Another objective of the survey is to provide data for the refinement of strategies and target populations for MIH Project activities, if appropriate. The household survey is to be conducted among a representative sample of ever-married women age 12 – 49 and children under five years of age living in the intervention areas of the 19 priority districts and their respective comparison areas (see list below)

Methodology

The MIH Baseline Survey will be designed to measure key indicators at the household and individual level. The indicators to be measured will be mainly, but not limited to, those listed in Appendix A. Applicants should prepare their applications assuming the following instruments:

1. Household Questionnaire

To be administered to the female head of the household. Designed to capture physical, demographic, and socio-economic characteristics of the household. The questionnaire is expected to take 20 minutes on average.

2. Individual Questionnaire

To be administered to ever-married women age 12-49 within each selected household. The questionnaire will cover a set of knowledge, attitude and behavior questions related to family planning/reproductive health, child health and nutrition, healthy practices and knowledge, TB signs and symptoms. It is expected to take 30 minutes on average.

Sampling issues

Appendix B shows the list of MIH intervention areas and selected comparison areas where the survey will be implemented. The survey will be implemented in a representative sample of individuals from the 81 intervention upazilas and from the 30 comparison upazilas.

The survey will have four domains:

1. BRAC MIH intervention areas
2. Rest of MIH intervention areas (Non-BRAC)
3. Total MIH intervention areas
4. Comparison areas

The primary criteria for sample size estimation is that the sample size should be sufficiently large for each domain to detect the expected changes in the following key indicators with the level of confidence (95%) and power (80%):

The baseline and target values of the three key indicators in BRAC & Rest MIH areas are:

SI	Indicators	BRAC		Rest MIH	
		Baseline	Target	Baseline	Target
1	% of MWRA ^a using modern contraceptive method	45.9%	50.9%	41.8%	46.8%
2	% of MWRA who use(d) sanitary napkins last time	20%	25%	20%	25%
3	% children under-five who used MNP ^b	2.3%	10%	2.3%	10%

^a MWRA – Married women of Reproductive Age; ^b MNP – Micronutrient Powder.

The target sample sizes by the main domains is provided in the table below:

Domain	Number of clusters /PSU	HH per cluster	Total Household
BRAC Area	114	30	3,420
Non-BRAC Areas	112	30	3,360
Comparison	113	30	3,390

Activities and Responsibilities for the Organization

The successful applicant will be responsible for the following activities:

- To implement key aspects of the sampling strategy, including household listing, cartographic updating of selected clusters in the field, and provision of information for sampling weight calculation;
- To prepare and submit protocol to the local IRB;
- To participate in the revision and finalization of the questionnaires;
- To organize and conduct the pre-test of questionnaires;
- To print final questionnaires;
- To organize field work activities;
- To recruit and train the field work team
- To provide required ethics/human subject protection training to all staff involved in survey activities;
- To conduct field work with appropriate supervisory and quality check activities;
- To conduct data entry and management;
- To conduct appropriate quality checks at different stages of field work, data entry and the data management process;
- To produce frequency distributions for the data sets;
- To prepare preliminary and final datasets with appropriate documentation;
- To draft a report describing all data collection and data management procedures, supervisor observations/comments, and limitations/problems encountered; and

- To participate in the writing of a series of preliminary and final reports concerning the results of the MIH Baseline Surveys.

The successful applicant should plan to start activities in late May 2013. The expected timeframe for the main survey activities is presented below.

Main Activity	Target Dates
• Preparations	April - May 2013
• Household listing	June 2013
• IRB approvals	June 2013
• Pretesting and interviewer training	June 2013
• Production of final questionnaire	June 2013
• Fieldwork	July - September 2013
• Data entry	late July – mid-October 2013
• Data cleaning and processing	October – December 2013
• Preliminary tabulations and report	December 2013 – March 2014
• Final report	April –May 2014

Outputs/Deliverables

- Detailed workplan and timeline of activities
- Final questionnaires (Household, Individual) in Bangla and English
- IRB approval
- Report on questionnaire pre-test
- Reports on training activities
- Biweekly reports on field work preparations and progress
- Biweekly reports on data entry and management progress, including reports of quality check results
- Reports on supervisor observations/comments, and limitations/problems encountered
- Frequency distributions for survey data (hard copy and on a disc; data may also be submitted electronically)
- Cleaned and fully labeled data set (on disc and submitted electronically) in STATA or other agreed upon software

- A copy of the codebook and any other data documentation
- Provision of secured storage of all completed questionnaires

Application Requirements

Organizations wishing to serve as MEASURE Evaluation's local implementing partner for the MIH Baseline Survey should submit: 1) a technical proposal, 2) an organizational description demonstrating the capacity to serve this role, 3) a detailed budget, and 4) a description of financial/accounting structures and practices. The application should include:

1. A Cover Letter that clearly identifies the application as responding to this RFA and stating the applicant organization's name, address, phone numbers, URL, and main email address. There should be a contact person listed for any purpose related to this RFA.
2. Technical Proposal
The applicant should describe in detail their approach to addressing the technical and logistical requirements to conduct a population based survey of the type and magnitude described above. This section should describe in detail how the organization will address the responsibilities and activities outlined in the sections above. The applicant should include a description of its available resources that will be used to carry out the required tasks. The applicant should also present a detailed workplan and timeline for all activities. A Gantt Chart could be used for that purpose.
3. Organizational description and experience
The applicant should provide a brief description of the overall governance structure of their organization. The applicant should present the proposed organization and governance structure for the implementation of the 2013 MIH baseline survey. The applicant should describe the number and roles/responsibilities of the staff that will implement the survey. The applicant should name the key technical and administrative/financial personnel that will be involved in the activities. It should name at least a Principal Investigator and a Chief Administrative/Financial Officer who will serve as the main technical and financial liaison persons with MEASURE Evaluation. CVs of key staff should be included in the application.

The applicant should describe their organization's past experience in successfully organizing and conducting household and community surveys in Bangladesh. The

applicant should provide a description of past projects (up to 5, with no more than 1 page description per project; these pages will not count to overall length of the application). The demonstrated capacity to do high quality work will be a crucial consideration. Preference will be given to those organizations that have either an institutional review board (IRB) of reference or a Federal Wide Assurance (FWA) formalizing the institution's commitment to protect human subjects in the course of research.

4. Budget

A detailed line-item budget should be prepared based on the tasks/responsibilities described above. The budget should be presented in Bangladesh Taka and U.S. Dollars. It should include, but not be limited to:

Personnel cost: List number, daily rate and number of workdays for each category of staff (e.g. interviewer, supervisor, data entry clerk, statistician, drivers). Please provide justification and a description of responsibilities for each category of staff.

Per diem: List daily rate and number of workdays for each category of staff (e.g., interviewer, supervisor, data entry clerk, statistician, driver).

Transport: List number of vehicles and number of days needed, estimated mileage and fuel cost per mile, vehicle maintenance and/or rental, if necessary.

Materials: Questionnaire production (Unit cost per questionnaire * number of printed copies); interviewers' equipment; other equipment and material used for data collection and management.

Miscellaneous: List any other costs.

Budgets can be supplied in a separate spreadsheet.

5. Financial/accounting structures and practices

The applicant should provide key information related to their financial/accounting procedures. It should submit an explanation of how the applicant calculates any indirect costs (if charged in the budget). The applicant should also describe the accounting software that they employ. The applicant should provide its last two annual financial reports. The annual financial reports will not count against the overall length requirements described in section Application Parameters below.

Deadline

Proposals must be submitted electronically to measure_rfp@unc.edu by 5pm U.S. Eastern Standard Time on April 22, 2013. The submission should include all materials related to the application.

Application Parameters

The application should be no more than 15 pages, 1.5 spaced with 1 inch margins and 11 point Arial font. Curriculum vitae, descriptions of past projects, and the budget will not count against page limits. CVs should not be longer than 2 pages per person.

Proposal Review and Notification of Intent to Enter into a Sub-Agreement

Following receipt of applications, MEASURE Evaluation, will review the received materials and may conduct a second round review of “best and final” applicants. If this occurs, MEASURE Evaluation will follow-up with specific questions and may request additional information from the “best and final” applicants. Applications will be reviewed in terms of their technical soundness, organization past experience, quality of key staff, and financial competitiveness. MEASURE Evaluation will inform the successful applicant (and notify the organizations not selected). The process of developing a sub-agreement with the successful applicant will then begin.

RFA Questions and Answers

Questions about this RFA may be submitted to MEASURE Evaluation at the above email address, in English, no later than April 9, 2013. Answers will be posted on the MEASURE Evaluation website contracts web page.

MEASURE Evaluation is a cooperative agreement funded by the United States Agency for International Development (USAID) implemented by the Carolina Population Center of the University of North Carolina at Chapel Hill (UNC-CH) in partnership with The Futures Group International, ICF International, John Snow, Inc., Management Sciences for Health, and Tulane University. MEASURE Evaluation aims to strengthen monitoring and evaluation systems and build the capacity of individuals, organizations and systems to collect, analyze and use data to make decisions that will result in improved health programs and policies.

Appendix A
Market Innovations for Health (MIH)
Indicators for *Result 2* which will be measured from population-based surveys

Ind. #	Indicators
<i>Sub Result 2.1: Improved knowledge and healthy behaviors</i>	
1	% of MWRA who accurately report at least two specific risks/complications related to pregnancy after the age of 35
2	% of MWRA who accurately report at least two specific risks/complications related to pregnancies that occur less than 2 years after the last childbirth
3	% of MWRA who intend to use a long acting contraceptive method in the future
4	% of MWRA who intend to wait at least two years from last child birth before considering the next pregnancy
5	% of MWRA who accurately report at least three possible/potential danger signs of pregnancy
6	% of MWRA who can specify correctly at least two specific benefits of using safe delivery kits
7	% of MRWA who accurately report at least two initiatives related to birth preparedness to ensure safe delivery
8	% of MWRA who are aware of the need of at least four visits for health checkup during pregnancy
9	% of MWRA who believe that having birth delivery at the facility level is much safer than home delivery
10	% of MWRA who accurately report at least two specific benefits of giving Micronutrient powder (MNP) to children under 5
11	% of MWRA who accurately identify the most important symptom(s) of TB
<i>Sub-Result 2.2: Reduced harmful practices</i>	
12	% of women who delivered at home within last 3 years and were assisted through safe delivery kit (brand name if possible)
13	% of MWRA who use(d) sanitary napkins currently or last time
<i>Sub-Result 2.3: Increased care-seeking behaviors</i>	
14	% of children under-five who used MNP
15	% of MWRA who are using a long acting contraceptive method
16	% of women who were pregnant in last 3 years or are currently pregnant and who used iron and folic acid
17	% of MWRA who are currently using a modern contraceptive method
18	% of MWRA who have a under-five children and are aware of the benefits of the use of Zinc with ORS as an adjunct therapy to treat diarrhoea
19	% of MWRA who are aware of ECP as an effective way of preventing possible unintended conception (following an unplanned coitus, contraceptive-use disruption, or contraceptive use-failure)
20	% of MWRA who accurately report at least two specific risks/complications related to pregnancies before age 20
21	% of MWRA who report having communication with their husbands regarding contraceptive method use in the last three months

Appendix B:
Intervention and comparison districts and Upazilas for MIH project

Partner NGO	Districts	Upazilas	
		Intervention	Comparison
CWFD	Barisal	Babugonj	Hizla
		Gournadi	Muladi
	Jhalokati	Rajapur	-
	Pirojpur	Kawkhali	Bandaria
		Nesarabad	Zianagar
	Faridpur	Charbadrasan	Boalmari
		-	Alfadanga
PSTC	Kishoregonj	Katiadi	Astagram
		Bajitpur	Hosenpur
	Narsingdhi	Monohordi	Polash
		-	Shibpur
	Munshigonj	Sreenagar	Gazaria
		-	Tungibari
	Madaripur	Rajoir	-
SHIMANTIK	Sylhet	Golapgonj	Bianibazar
		Fenchugonj	Kanaighat
		Balagonj	-
	Sunamgonj	Bishambarpur	Deerai
		Chattak	Jagannathpur
	Hobigonj	Madhabpur	Azmiriganj
		Bahubol	Lakhai
		Chunarughat	-
	Moulvibazar	Sreemongal	Rajnagar
		Kamalgonj	Juri
		Kularura	-
BRAC	Comilla	Adorsho Sadar	-
		Sadar Dakshin	-
		Barura	-
		Brahmanpara	-
		Burichong	-
		Chandina	-
		Chauddagram	-
		Daudkandi	-
		Debidwar	-
		Homna	-
		Laksam	-
		Meghna	-
		Muradnagar	-
		Nangalkot	-
		Monoharganj	-
		Titas	-
	Chandpur	Sadar	-
		Faridganj	-
		Haimchar	-
		Haziganj	-
		Kachua	-
		Matlab	-
		Uttar Matlab	-
		Shahrasti	-

Partner NGO	Districts	Upazilas	
		Intervention	Comparision
	B.Baria	Sadar	-
		Akhaura	-
		Ashuganj	-
		Bancharampur	-
		Kasba	-
		Nabinagar	-
		Nasirnagar	-
		Sarail	-
		Bijohnagar	-
	Noakhali	Sadar	-
		Begumganj	-
		Chatkhil	-
		Companyganj	-
		Hatiya	-
		Senbagh	-
		Sonaimuri	-
		Subarnachar	-
		Kabirhat	-
	Laxmipur	Sadar	-
		Raipur	-
		Ramganj	-
		Ramgati	-
	Feni	Sadar	-
		Chhagalnaiya	-
		Daganbhuiyan	-
		Parshurampur	-
		Sonagazi	-
		Fulgazi	-
	Bandarban	Sadar	-
		Ali Kadam	-
		Lama	-
		Naikhong Chhari	-
		Rowang Chhari	-
		Ruma	-
		Thanchi	-
BRAC	Shariatpur	-	Bhedarganj
		-	Damudya
	Chittagang (adjacent to Feni)	-	Mirsharai
		-	Sandip
	Chittagang (adjacent to Bandarban)	-	Satkania
		-	Chandanaish
	Cox's Bazar (adjacent to Bandarban)	-	Ramu
		-	Chakaria
	Rangamati (adjacent to Bandarban)	-	Rajshathia
		-	Belaichari