

Terms of Reference

Request for Proposals for the
“National Situation Analysis on Health Equity-Bangladesh”
with the Application of the “UN Convention on the Rights of Persons
with Disabilities” and WHO “Global report on health equity for
persons with disabilities”.

PD Ref : PD-UKHI-01316

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Introduction

Handicap International- Humanity & Inclusion (HI) is an independent and impartial international aid and development organization working in situations of poverty and exclusion, conflict and disaster. Working alongside people with disabilities and vulnerable groups, it takes action and provides testimony in order to meet their basic needs, improve their living conditions and promote respect for their dignity and their fundamental rights. Handicap International is a non-profit organization with no religious or political affiliation. It operates as a federation made up of a network of associations which provide human and financial resources, manage projects and implement its actions and campaigns. Handicap International is present in Bangladesh since 1997.

HI is a global actor recognized for its expertise on disability inclusion in the health sector. In line with the CRPD¹ and the SDGs, despite these international frameworks, **the right to health of persons with disabilities - representing about 16% of the world population - is consistently violated**². Commonly, persons with disabilities encounter barriers to accessing health services, including physical, communication, attitudinal and institutional barriers and less health coverage, directly leading to worse health outcomes. For example, **persons with disabilities are two to four times more likely to be denied health care**, to be treated badly in the health care system, and to find health care providers' skills and facilities inadequate to meet their health needs. As a result, **persons with disabilities have 2.4-fold higher mortality rates than those without disabilities and are missing 10 to 20 years of life expectancy**. The information available on barriers and facilitators to health care for persons with disabilities remain limited with scarce health related data disaggregated by disability, gender, and age³. When it comes to Sexual and Reproductive Health and Rights (SRHR) information and services, the rights of persons with disabilities and especially of women and girls continue to be violated due to deep-rooted discriminatory attitudes and practices, and a lack of law and policy enforcement. Denial of bodily autonomy and the right to informed consent, forced sterilization and contraception, forced pregnancy, coercive abortion and other forms of gender-based violence, denial of maternal, parenting and parental rights, denial of legal capacity and decision-making, lack of access to information and services, and a lack of access to justice are among the key rights violations' women with disabilities face.

HI promotes the rights to access health, particularly focused on sexual and reproductive health information and services for all including persons with disabilities and vulnerable populations in development and fragile settings. HI is committed to universal access to health care services, integration of reproductive health into national strategies and program, and empowerment of persons with disabilities on advocacy, comprehensive sexual education, health literacy and social behavioral change communication. HI promotes an intersectional perspective aiming at applying a gender, age and disability lens to all actions. As a non-state actor in official relations status with WHO, HI builds on a long history of collaborating with the WHO in the health sector and contributes to supporting the rollout of the WHO Global Report on Health Equity for persons with disabilities. HI works on inclusive HSS in line with the six WHO Building blocks ((i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance)

Background

Links between health and development have long been acknowledged. It is generally recognized that securing a certain level of health-related development is a prerequisite for the overall economic development of a country. Over the last decades, particularly since the Millennium Declaration and formulation of the Millennium Development Goals (MDGs), development and health have increasingly converged. According to BDGH 2022, only 41% pregnant women received 4+ ANC visit

¹ [UN Convention on the Rights of Persons with Disabilities](#) (CRPD including article 25 on the right to health)

² [the World Health Assembly Resolution on the Highest Attainable Standard of Health for Persons with Disabilities](#)

³ [Universal Health Coverage \(UHC\) Political Declaration](#).

and the percentage of deliveries attended by skilled health personnel is 70% which is lowest among the neighboring country like India, Nepal and Sri Lanka. Women in rural areas are less likely to have their deliveries assisted by medically trained providers than women in urban areas (65% versus 82%).

The sector of family planning, one of the major components of SRH is still lagging. According to BDHS 2022, the contraceptive prevalence rate (CPR) is 64%. 55% of women are using modern methods of contraception, while 9% rely on traditional methods. The 4th HPNSPⁱ aims to reach a CPR of 75% by 2022ⁱⁱ. The same report shows that the total fertility rate (TFR) is 2.3 children per woman. The goal of the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) is to achieve a TFR of 2.0 by 2023. However, the TFR has remained unchanged at 2.3 since 2011. 10% of married women in Bangladesh have an unmet need for family planning whereas the percentage is 22 for women with disabilitiesⁱⁱⁱ.

The need for health service information particularly the availability of quality accessible essential service delivery (ESD) focusing on child health care, safe motherhood, family planning, menstrual regulation, post-abortion care, and management of sexually transmitted infections, limited curative care and behavior change communication, Communicable diseases (including tuberculosis, malaria, others) and emerging noncommunicable diseases (diabetes, mental health conditions, cardiovascular diseases). As ESD is a combination of primary health care (Maternal and childcare, health education, accessibility of medicine, accessible treatment, local disease control, communicable and non-communicable diseases) and SRH-FP (maternal health and newborn care; adolescent reproductive health, safe abortion care; family planning; prevention and management of STIs/RTIs) , information and services related PHC and SRH-FP is more urgent for persons with disabilities, owing to their heightened vulnerability but persons with disabilities face multi-layered barriers in accessing basic health care services in comparison to others. Women and girls with disabilities are likely to experience unique obstacles and human rights abuses due to the intersection of their gender and disability which includes gender-based violence, abuse and marginalization. As a result, women with disabilities often face additional disadvantages compared to men with disabilities and women without disabilities. Women with disabilities are ten times more likely to be sexually assaulted than women without disabilities and they are mostly denied the right of decisions making on their reproductive and sexual health, which increases risks of unplanned pregnancy, unsafe abortion, and sexually transmitted infection as well as sexual violence.

The [WHO Global Report on Health Equity for persons with disabilities](#) analyses the factors that contribute to systemic health inequities for persons with disabilities and outlines important policy and programmatic actions and recommendations to reduce these inequities. The Global Report outlines ten strategic entry points for advancing health equity for persons with disabilities within national health systems:

WHO (2022) Global Report on Health Equity for Persons with Disabilities: Strategic Entry Points

1. Political commitment, leadership, and governance	2. Physical infrastructure
Assume a stewardship role for disability inclusion in the health sector	Provide appropriate reasonable accommodation for persons with disabilities
3. Health financing	4. Digital technologies for health

Include into health-care budgets the costs of making facilities and services accessible	Adopt international standards for accessibility of digital health technologies
5. Engagement of stakeholders and the private sector	6. Quality of care
Engage persons with disabilities and their representative organizations in health sector processes	Ensure disability-inclusive feedback mechanisms for quality of health services
7. Models of care	8. Monitoring and evaluation
Enable the provision of integrated people-centered care that is accessible and close to where people live	Integrate indicators for disability inclusion into the monitoring and evaluation frameworks of country health systems
9. Health and care workforce	10. Health policy and systems research
Provide training in disability inclusion for all health service providers	Develop a national health policy and systems research agenda on disability

Objectives of the Situation Analysis

To undertake national context situation assessment, analyzing policies and initiatives to set priorities and take action to promote equal access to services, quality, integration, and inclusiveness of health services, focusing on system strengthening, primary health care (PHC) including FP and SRH, especially with respect to the fulfilment of health rights of young and women with disabilities.

The specific objectives of the Study

- ✓ An up-to-date policy analysis with identification of gaps, strengths, challenges and opportunities within national policies related to health including different components of primary health care and sexual and reproductive health rights and family planning, particularly focusing on policies related to essential service delivery package.
- ✓ Conduct a mapping of government, private (Pharmacies) and civil society actors (NGOs, INGOs and DPOs) engaged in inclusive health, particularly essential service delivery package.
- ✓ An analysis of current situation of health equity in line with 4A1Q(Available, accessible, affordable, acceptable and quality) model of health service as well as the WHO building blocks using the 10 strategic entry points in the WHO on health equity for persons with disabilities as the key framework for analysis.
- ✓ Draw concrete recommendations to set or redefine the policy goals by supporting strategic planning, alignment of resources, interventions and to contribute to the local and global efforts to leave no one behind
- ✓ Propose a roadmap for the government; leverage domestic financing; identify where policy or legislation needs to be enacted or protected from regression to respond to critical health equity gaps.

More specifically, the study also addressed the following questions:

- What are the policy gaps, strengths, challenges and opportunities within national policies to promote equal access to services, quality, integration, and

inclusiveness of primary health care and SRH focusing on essential service delivery package, especially for the young and women with disabilities?

- Who is engaged in providing disability inclusive essential service delivery package?
- What is the current situation of health equity in line with the WHO building blocks?
- What is the scenario considering the 10 strategic entry points mentioned in the WHO on health equity for persons with disabilities?
- What are key interventions needed to integrate disability in health system?
- Where policy or legislation needs to be enacted or protected from regression to respond to critical health equity gaps?
- What steps/actions need to be considered to address the WHO 10 strategic entry points?

The study also identified recommendations to set or redefine the policy goals by supporting strategic planning, alignment of resources, interventions and to contribute to the local and global efforts to leave no one behind. In terms of a forward-looking perspective, the study draws lessons learned and identified key operational experiences that may be used for future interventions.

Study Methodology

The consultant will use a mix of quantitative and qualitative methods of data collection, consisting of analyzing data based on the objectives. Statistical data derived from desk review, series of meetings including Key Informant Interview (KII), and Focus Group Discussions (FGDs) and the stakeholder workshop. The context analysis was based on these primary data and supported by the secondary data from other reports and secondary materials.

Expected Outputs

- A comprehensive report on situation analysis on health equity for persons with disabilities following the objectives

Timeline and expected duration:

- Final methodology including KII, FGD questions should be shared with HI at least 5 days before the field test.
- The assignment should be completed by 20 Nov 2024.
- Some report writing and other admin tasks can be added as per the need

Study Location: Countrywide study.

Parties Involved in the study and Responsibilities

Actor	Roles
Steering Committee (Operation Manager, Regional Health Specialist, Senior Project Manager)	<ul style="list-style-type: none"> • Review and validate proposed study tools and methodology. • Assist in the recruitment process of the consultants by forming a review committee. • Review the proposal (Technical & Financial) & evaluate the proposal based on the study criteria • Taking interview of the shortlisted firms to finalize the award decision • Participate in various project meetings such as the kick-off meeting and the interview of consultants. • Review the draft report and provide feedback for improvement. • Validate the final report using the HI quality checklist provided in the annexes.
Operations Team (Area Manager)	<ul style="list-style-type: none"> • Ensure compliance of implementation with administrative, temporal and financial conditions.

and Sr. Project Manager)	<ul style="list-style-type: none"> Plan the budgetary needs and process the supply requirements. Communicate and mobilize stakeholders about the study. Plan the agenda with stakeholders and beneficiaries as soon as the plan is elaborated.
Country Finance Manager, Area Manager/Sr. Project Manager	<ul style="list-style-type: none"> Provide guidance on financial aspects of the project. Share the budget available for the study Ensure payment is made to the consultant according to the agreed instalments and terms and conditions.
Technical Team (Regional Health Specialists, Regional MEAL Manager and Technical Head of Program)	<ul style="list-style-type: none"> Review of analysis tools, including identifying needs and relevant infographics. Review and provide feedback on data collection tools. Review and provide feedback on the study report. Participate in the implementation of study recommendations. Conduct meetings with the consultant to plan and execute the study. Support in the design and definition of the study methodology. Assist in the development/adaptation of data collection tools. Monitor the data collection and ensure quality. Review the analysis tool developed by consultant. Review analysis and provide feedback on the report. Oversee the entire study process.
Consultant/Firms	<ul style="list-style-type: none"> Prepare an inception report. Design the study methodology, including sampling techniques and data collection procedures and develop tool and guideline Ensure adequate training of data collectors. Collect Permission from national level and relevant sectors to make accessibility of data collection Collect both quantitative and qualitative data as per the defined methodology and monitor data collection to ensure quality and consistency. Conduct data compilation and analysis, including both quantitative and qualitative analysis. Present the findings of the study and respond to any questions or feedback and prepare a comprehensive study report Prepare a draft study report and incorporate feedback from HI. Submit the final report.
Logistics Team/HR	<ul style="list-style-type: none"> Assist on the hiring of a consultant(s) by publishing the job offer, and receiving processing the application including other assistance to complete the evaluation work. Share all required documents (full package) to recruiter

Timeline and assignment duration

17 Sep- 20 Dec 2024.

HI has developed the following list of key events related to this RFP. All dates are subject to change at the discretion of HI. Bidders will propose a total 60 day study period including report submission

Event	Date
ToR Published	Sep 17, 2024
Last date of submission	Oct 1, 2024
Evaluation of proposals	Oct 10, 2024
Negotiations and execution of contract (estimate only)	Oct 20, 2024
Study period including report submission	Oct 21- Dec 20, 2024

Required Qualifications for individuals/ firm

The consultant/ team should have the following requirements

- The Lead consultant must have Master's degree in health or social sciences, Public Health or a related field from an accredited academic institution
- The lead consultant with extensive knowledge on health system of Bangladesh including relevant policies, strategies and legislations
- In depth understanding of on disability, UNCRPD, WHO global report on health equity for person with disabilities
- At least 10 years' experience to work in public health/ inclusive health/health system strengthening
- Medical Graduate/MPH/ PHD in the relevant sector
- Should have company profile with CV of key person of company
- Work Experiences in the similar filed and relevant work at least with 3 major INGO/ UN
- Proven experience in conducting similar study/research
- Share minimum 2 sample materials from last experience.
- Excellent proficiency in Bangla and English; oral and written.

Eligibility Requirements

- Interested Individuals/ Firm must submit their profile(s).
- Firm/ organization must submit the documentation of legal status, and registration as a Company (Trade License, E-TIN, VAT Registration, and Bank Account Information).
- Technical proposal (maximum 10 pages) including the proposed methodologies and proposed schedule.
- Financial Proposal (all included) VAT & TAX as per Bangladesh Government applicable rules, field visits, and any other logistical cost (Training materials/module printing and any other relevant cost) in BDT.

Selection Criteria

The purchase committee of HI will select the most favorable trainer considering the below criteria:

Criterion	Maximum Number of Points
Previous/recent experience in NGO/INGOs in the field of study	20 Points
Sample of previous similar type of study/research	20 Points
Financial proposal	25 Points
Detail Technical Proposal & Quality of work plan submitted	25 Points
Team Leader Qualification and Team Composition (Background, Profile etc.)	10 Points
Total	100 Points

Interviews

HI may conduct interviews with Proposers to clarify aspects set forth in their proposals or to assist in finalizing the ranking of top-ranked proposals. The interviews may be conducted in person or online. If conducted in person, interviews will likely be held at HI Country office. HI will not reimburse Proposers for any costs incurred in traveling to or from the interview location. HI will notify eligible Proposers regarding interview arrangements.

Cancellation of Solicitation

HI may cancel this solicitation for any or no reason. Bids may be rejected if HI determines that:

- The Bids received do not reflect effective competition.

- The cost is not reasonable.
- The cost exceeds the amount expected; or
- Awarding the contract is not in the best interest of HI.

Terms of Payment

- HI will pay the entire consultancy value in 2 steps:
 - i) 40% after finalizing the methodology and questionnaire
 - ii) 60% after finalizing the report.
- Payment will be made through Bank Transfer or AC Payee Cheque in favor of individual/firm according to the given Bank Details deducting government applicable VAT & TAX, after successfully completion of the work along with the submission of Invoice and all other relevant documents.

Submissions of Proposals

Application process

- To apply, interested applicants must send an email containing:
 - Cover letter and CV (maximum 4 pages) with references
 - TIN Copy, NID copy
- If the applicant is a company, they must also provide the following documents:
 - Company profile(s)
 - Documentation of legal status, including registration as a company
- Last TAX Submission Copy (Mandatory for Both Individual and Firm)
- Bank Solvency Certificate (optional for both individuals and companies)
- Insurance certificate (optional for both individuals and companies)
- Applicants must include a technical and financial proposal (maximum 15 pages) that outlines proposed methodologies and schedule.
- Applicants must provide documents demonstrating their experience in health system strengthening, inclusion of person with disabilities and other diverse group, SRH-FP.
- Applicants must provide documents of project evaluation for different NGO or INGO.
- The financial proposal should cover all costs of the evaluation, including consultant fees, field operations costs, accommodation, per diem, air tickets, transportation to collect data, food, and other related costs.
- Quoted price should include VAT and TAX following government rules. If any amount is excluding VAT and TAX, it should be shown with a necessary breakdown.
- Payment conditions should be clearly mentioned in the financial offer.
- Bank details, including the name of the account, bank name, branch, swift code, etc., must be provided.
- Proposals must be submitted in BDT.
- Interested consultants who meet the requirements should submit a proposal by **01/10/2024 (11.59 PM BGD Time)**

Applications that do not include the above will be considered administratively non-compliant and will not be evaluated further

Online Bid Submission address:

Send a digital file in the form of an email* sent to the dedicated email address: log.cox@bangladesh.hi.org ; with the tender reference “**National Situation Analysis on Health Equity-Bangladesh, PD-UKHI-01316**” in the subject).

*If the file is too big to fit into 1 email (limit 15MB per email), bidder should split the submission into multiple emails. Please include numbering also in the subject.

i HPNSP: Health, Population & Nutrition Sector Program

ii <https://www.prb.org/ensuring-all-bangladesh-youth-have-access-to-sexual-and-reproductive-health-information-and-services/>

iii https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/12/Sexual_Reproductive_Health_Brief_final_20190822-1.pdf

iv Missing Billion Initiative, 2022 Reimagining health systems that expect, accept and connect 1 billion people with disabilities, <https://www.themissingbillion.org/the-reports>