

ANNEXURES TO BE ATTACHED SEPARATELY WITH RFP:

ANNEX-B

TECHNICAL PROPOSAL - CONTENT & FORMAT

The technical proposal of the bidders should contain the following minimum information. Bidders are free to provide, any other information that they deem fit and relevant in support of their bid.

Section- 1. Contractor's company/firm

- a) In this section the contractor should highlight about their company, how it is organised (organisation structure), its capability and a brief about its key personnel, (beginning from 2016 and backward) for whom the contractor has undertaken similar assignments along with the name of the contact person and contact details of its clients.
- b) Out of the above list, provide information of 3-5 assignments for which your company and your company's personnel were contracted. Please highlight those assignments similar to the one requested by UNICEF. Please use the format specified in Annex-C.

Section-2: Description of the Approach, Methodology and Work Plan

Technical approach, methodology and work plan are key components of the Technical Proposal. You are suggested to present this section of the technical proposal into 4 chapters:-

- a) Technical Approach and Methodology. In this chapter you should explain your understanding of the objectives of the assignment, approach to the services, methodology for carrying out the activities and obtaining the expected output, and the degree of detail of such output. You should highlight the problems being addressed and their importance, and explain the technical approach you would adopt to address them. You should also explain the methodologies you propose to adopt and highlight the compatibility of those methodologies with the proposed approach. **DO NOT CUT AND PASTE TEXTS FROM THE TOR SHARED WITH YOUR COMPANY.** The associated risks should also be highlighted and the methods to mitigate those risks should be proposed.
- b) Work Plan. In this chapter you should propose the main activities of the assignment, their content and duration, phasing and interrelations, milestones (including interim approvals by the Client), and delivery dates of the reports. The proposed work plan should be consistent with the technical approach and methodology, showing understanding of the ToR and ability to translate them into a feasible working plan. A list of the final technical documents, including reports, drawings, and tables to be delivered as final output, should be included here.
- c) Organization and staffing of the team for this assignment. In this chapter you should propose the structure and composition of your team which will be deployed for this assignment. You should list the main disciplines of the assignment, the key expert responsible and proposed technical and support staff along with their curriculum vitae (CVs).
- d) Team composition and tasks assigned. Please provide the details as per the following

Name of staff	Area of expertise	Position assigned	Firm	Task Assigned	No. of days of input

ANNEX-C

CONTRACTOR'S EXPERIENCE – FORMAT

Assignment name:	Country: Location within country:
Name of Client:	Address:
Duration of assignment (months): Start date (month/year): Completion date (month/year):	Total N ^o of staff-months of the assignment:
Approx. value of the contract (in current BDT):	
Name of associated Contractors, if any:	N ^o of professional staff-months provided by associated Contractors:
Name of associated Contractors, if any:	Name of senior professional staff of your firm involved and functions performed (indicate most significant profiles such as Project Director/Coordinator, Team Leader etc):
Narrative description of Project:	
Description of actual services provided by your staff within the assignment:	

ANNEX D

FINANCIAL DOCUMENT - SUMMARY AND BREAKDOWN OF PROFESSIONAL FEES & EXPENSES

(A) Professional Fees				
Name	Description of Role / Function	Number of person days	Suggested Fee rate	Estimated amount in BDT
Total Fees (A)				
(B) Other Cost (Administrative cost for travel, stationery, communication, management fee, etc.)				
Total Fees (B)				
(C) Travel Costs				
Air travel				
Rail Travel				
Local Transportation				
Total Fees (C)				
(D) Daily sustenance allowance of team member (DSA)				
Total Fees (D)				
Total Proposed Cost (A) + (B) + (C) + (D)				
VAT on the requested service – please mention the percentage (%) (where VAT is not applicable bidder should indicate 0%)				

All travel should be budgeted for economy class.

ACCEPTANCE OF GENERAL TERMS AND CONDITIONS (ANNEX-A) IS MANDATORY.

**PLEASE LINK THE PAYMENTS TO DELIVERABLES AS SPECIFIED IN THE TOR
(THE BIDDER IS FREE TO PROPOSE ADDITIONAL PAYMENTS LINKED TO DELIVERABLES)**

S.No	Deliverables to be approved by UNICEF prior to submission	Amount in BDT
1	Submission and acceptance of inception report with detailes	
2	Submission of draft report	
3	Submission of final report	

EVALUATION CRITERIA FOR TECHNICAL PROPOSAL

CATEGORY	POINTS
OVERALL RESPONSE * Understanding of, and responsiveness to, UNICEF Bangladesh Office requirements; * Understanding of scope, objectives and completeness of response; * Overall concord between UNICEF requirements and the proposal.	5
METHODOLOGY AND DETAILED TIMELINE * Quality of the proposed approach and methodology; and to what extent the methodology is designed in response to the needs of the TOR; * Extent of the inclusiveness of stakeholders proposed to be consulted during the primary data collection, including end users of services, gender consideration, voice of those who are often not heard (e.g low income or minority groups, women, children/ adolescents) * Quality of proposed implementation plan, i.e how the bidder will undertake each task, and time-schedules, inclusion of risk assessment and methods to prevent and manage risks/peripheral problems.	(30) 20 5 5
ORGANISATIONAL CAPACITY and PROPOSED TEAM * Knowledge and experience with similar projects and quality of past analytical work (based on at least 2 work samples/ reports provided) * Team leader: Relevant experience, qualifications, and position with firm; evidence of years of experience and completed analytical & methodological assignments; * Capacity of team members (relevant experience, skills & competencies) and organization of the team - roles & responsibilities to deliver the expected workplan and activities.	(35) 20 10 5
TOTAL MARKS	70

For this RFP, the **Technical Proposal** has a total score of 70 points. Bidders must score minimum of 49 points to be considered technically compliant and in order, for the Financial Proposals to be opened. Financial proposal has a total score of 30 points.

The final selection of the bidder will be based on a quality and cost basis as specified in the RFP.

TERMS OF REFERENCE FOR INSTITUTIONAL CONTRACT

Title of the assignment	Assessment of integrated service delivery models in urban context
Purpose	Enter the purpose of the assignment
Location	Dhaka, Bangladesh. Field visits will be required to Dhaka (Dhaka North), Gazipur, Barisal, Sylhet. ➤ At least 8 sites (of service delivery models) in each of the above 4 City Corporations Field should be visited for primary data collection. This is to be organised as at least two (2) sites/ locations of each model in each City Corporation.
Estimated Duration	3 months with estimated start date is 14th October 2019.
Reporting to Technical Supervisor of this assignment	Programme Manager & Shamima Siddiky, Programme Specialist, Field Services Section

1. Background

Urbanisation is happening rapidly in Bangladesh. Out of its total population of 163 million in Bangladesh, close to one-third of the people live in urban areas. Of the urban population, it was estimated that 60 per cent¹ live in urban slums. Dhaka is one of the most densely populated cities in the world. Internal migration due to economic opportunities in urban areas and due to loss of livelihoods in disaster-prone areas is one of the associated phenomenon of urbanisation in Bangladesh. A substantial proportion of these migrants end up in poor urban communities and urban informal settlements that lack infrastructure, housing and basic services. The Child Well Being Survey 2016, conducted by Bangladesh Bureau of Statistics with support of UNICEF, indicated that situation of children in urban slums is much worse than those in non-slum areas, across a range of key child development indicators.

The Government of Bangladesh has outlined its agenda in reforming the legal and policy framework as well as development investment for urban service delivery in order to achieve the development targets set out in the 7th Five Year Plan (FYP), ‘Vision 2021’ and the Sustainable Development Goals (SDGs), particularly Goal 11 ‘Make cities inclusive, safe, resilient and sustainable’.

In 2015, UNICEF Bangladesh Country Office (BCO) developed the Urban Strategy and entered into partnership with Dhaka North City Corporation. In 2016, UNICEF supported Bangladesh Bureau of Statistics in conducting Child Well-Being Survey in Urban Areas which is the first ever baseline on situation of children in urban areas. UNICEF BCO revised the Urban Strategy in 2016-2017 in line with the Country Programme 2017-2020 which emphasised a cross-sectoral collaboration and life-cycle approach. The strategy comprises of three major areas: (i) evidence

¹ Human Development in South Asia 2014 – Urbanization: Challenges and Opportunities

generation and policy advocacy to support comprehensive urban policies and programmes to ensure equitable access to basic social services, (ii) promoting equitable service delivery through supporting pilots of service delivery models, (iii) broadening partnerships and private sector engagement.

As of June 2019, UNICEF has established partnership with nine City Corporations for implementation of various service delivery models, covering more than 400,000 children directly and indirectly supporting the capacity of City Corporations to scale up for other urban areas in improving the coverage and utilisation of basic social services. From 2018/2019, the Urban Programme has been brought officially under the Workplan between UNICEF and the Local Government Division (LGD) – Urban Wing of the Ministry of Local Governments. The LGD provides policy guidance and technical supervision to the work undertaken in city corporations. As of 2019, a total of nine City Corporations were included in the Urban programme. The Urban Programme will focus on further evidence generation including assessments of models, service mapping, use of MICS data for city-wise situation analysis and policy advocacy to support LGD level policy guidance and city-level child friendly action plans.

As part of 2019/2020 workplan, Urban Programme will take stock of the service delivery models supported by UNICEF during 2017-2018 in order to provide evidence and recommendations to LGD and City Corporations for scaling up. The main question to be answered by the assessment is the sustainability of the service delivery models and how such models would be taken up and implemented by the government.

The Urban Management Team and Programme Management Team agreed on assessing the following models (detailed in Annex 1):

- Service delivery for age group 0-5 (outcome 1): Primary Health Care centres and EPI Outreach sites as entry points for service delivery where other Health services including Prevention of Mother to Child Transmission (PMTCT), Nutrition, WASH, Child Protection, C4D are converged and delivered as part of a package.
- Service delivery for age group 6-10 (outcome 2): Second Chance Education centres as entry points where services like Education, WASH, Child Protection and C4D are converged and delivered as part of a package.
- Service delivery for age group 11-18 (outcome 3):
 - Second Chance Education centres as entry points where other services like Education, WASH, Child Protection and C4D are included;
 - Adolescent Clubs as entry points where other services like CP including HIV Education, Nutrition, WASH and C4D are included;
 - Adolescent Friendly Health centres/ corners where Health (reproductive health service and counselling including HIV), Nutrition and WASH are included.
- Service delivery for all age groups: (Across the outcomes 1-3):
 - Community / Family as entry points where services like ,WASH and C4D are included;
 - WASH: Legal Water Connection; Community Latrines; Handwashing facility at HH level; Menstrual Hygiene education for girls in community (fortnightly sessions)
 - C4D: Issue-based community engagement through mothers' group activities, CBCPC, Imam, film shows; and Issue based campaign (child marriage, child labour)

During 2017-2018, the mentioned service delivery models were implemented through a mix modalities including implementation through decentralised structures of the sectoral ministries / agencies / departments and specialised NGO partners with City Corporations' administration play the role of planning, supervision, quality assurance and monitoring. Lessons learnt in the area of implementation and enhancing the role and ownership of city corporations need to be further studied for future way forward and scaling up. City Corporations are also expected to consider if the models of basic social services delivery are cost effective for future investment from government 's budget. Sustainability of service delivery were also explored through community engagement and contribution, cost-sharing between users and public providers, and collaboration with private sectors.

The above models are being implemented in Dhaka North, Gazipur, Barisal, Sylhet since 2017 and in Dhaka South, Chittagong, Khulna, Rangpur since 2018 while Rajshahi has been added in mid-2019. During 2017-2018, the models covered an estimated 400,000 children directly and indirectly. Implementation in respective city corporations (Dhaka North, Gazipur, Barisal, Sylhet) demonstrated how package of services can be provided effectively to the target population.

2. Objectives, Purpose and Expected Results

To conduct an assessment of the sustainability and feasibility of operationalizing the child-responsive service delivery models in urban areas supported by UNICEF in order to provide recommendations to sectoral ministries, Local Government Division and City Corporations on standardised integrated packages of basic social service delivery in designing social policy and programmes in urban context.

The assessment is expected to generate evidence on the sustainability and scalability of the piloted models, and the effectiveness and efficiency of the models. The assessment will generate lessons learnt on what worked, what did not and what should be done differently in order to provide concrete recommendations on standardised service delivery packages and implementation mechanisms. The assessment will include in-depth analysis of cost-effectiveness of different set-ups for integrating social services, implementation modalities, operations and partnership arrangements.

Findings from the assessment is expected to be used by the government authorities, particularly Local Government Division and City Corporations, in designing and planning development programmes and social service delivery systems for urban programming with focus on addressing inequity and social disparities in urban areas.

3. Description of Assignment

The contractor is expected to conduct the assessment in providing the following information and responding to the following assessment questions:

Documentation of the service delivery models

1. Documentation of each model (4 models) in each City Corporation which sufficiently provide description on what was delivered, who was targeted and how it was implemented, who are responsible and involved, coverage of mothers, children and adolescents by outcome and overall by city etc.

See Annexes for preliminary description of the service delivery models.

For each model of service delivery (4 models with City-specific details), the assignment should collect evidence and conduct analysis to answer the following preliminary questions:

Suitability of the service delivery models for the targeted communities

2. How suitable are the package of basic social services in response to the service gaps and vulnerabilities in the target communities?
3. Are the models a solution for the government to respond to the increased needs and address the social vulnerabilities of the most-in-need groups in urban?
4. To what extent is the entry point/ platform is enabling other services in the model to serve and reach the targeted population?

Effectiveness of the pilot in preparing government capacity for uptake

5. Do the models present a feasible mechanism to better reach the hard-to-reach and vulnerable groups with basic social services?
6. Does the piloting of models lead to increased capacity, efficiency and accountability of service providers and enhancing capacity of City Corporations to plan and implement such services to the marginalised groups in urban areas?
7. Has the model implementation and coordination practices led to increased oversight/ monitoring and leadership by City Corporation towards ensuring services provision meets the expected standards and reach the targeted population?

Efficiency of service delivery models

8. Does this integrated service delivery model efficient in cost and human resources which can be taken up by the government system?

Sustainability and scaling up

9. How the models would be sustained after the piloting phase? Have there been any uptake of the models by City Corporations or any other stakeholders?
10. To what extent it is feasible to apply these models in other urban locations? Where and where not it is feasible? What are the pre-conditions to apply these models?
11. How feasible is to scale up these models given the capacity and resources available now and in near future with LGD and City Corporations? What are challenges and obstacles need to overcome to able sustainability of the models?
12. What planning, budgeting or operational structuring need to be prepared (by the government, particularly LGD and City Corporations and other stakeholders) in order to make the model implementable and sustainable by the government system?
13. Which modality and set-ups of service delivery models (lessons learnt from the models) would enable the government/ City Corporations to operationalize and implement it at scale for equitable service delivery to urban population, particularly the most disadvantaged groups?
14. Has the model implementation led to increased practices in routine monitoring and quality assurance of services delivered to communities; quality control and documentation of gaps/ areas that service providers need to improve? Does this integrated model lead to better participation and contribution of users and communities? (e.g. WASH)

As a minimum guidance, the methodology for the assessment should include the following:

- It is expected that a comprehensive assessment approach and methodology should be prepared in the proposal and fully detailed in the inception report. The approach should elaborate in detail the assessment questions and responding methodologies for these

questions. Assessment questions may not be limited to the preliminary questions suggested in the ToR.

- It is expected that a mixed methods approach is used. With this in mind, proper triangulation methods are also expected. The use of adequate software for data analysis, both quantitative and qualitative, is expected.
- Primary data collection should include (but not limited to) evidence around four models in four City Corporations. For each model in each City Corporation included in this ToR, at least two (2) sites/ locations of each model (focusing on facilities serving as platform/ service delivery entry point) in each City Corporation should be reviewed in-depth and evidence should be collected to assess the uptake, sustainability and results of service delivery models in reaching target population. The selection of locations for review should ensure covering diversity of the locations (to include those serving hard-to-reach / slum communities), implementation arrangements (include areas where there are and there are not challenges in operational), etc. Proposed locations for such in-depth review should be discussed with UNICEF.
- Direct observation of services, in-depth discussions with key stakeholders and city corporation/ zone/ ward authorities/ departments and staff are expected to gather data and information for assessing the sustainability of the models. It is expected that emphasis on consultations with targeted beneficiaries (including the most hard-to-reach), community leaders or representatives, implementation partners and staff, relevant city corporations' staff and officials including those with oversight roles for ownership and future up-take, other relevant CSO and stakeholders. Voice and feedback from the potentially "less heard" groups (e.g. low income groups, slum dwellers, minority groups, women, etc.) and children (particularly adolescents) should be included in the consultation as appropriate. In this regard, the key informant interviews and focus group discussions are expected to be used.
- Lessons learnt, suggestions and recommendations from stakeholders should be captured to provide a comprehensive analysis of what are required for uptake by the government and local stakeholders
- Primary data collection for the assessment should be sufficiently supplemented by the analysis of the secondary data, especially previous analysis on the barriers and gaps in service utilisation and service delivery in urban area. Administrative data such as Health/ Nutrition MIS and project data should be considered. Surveys and statistics from BBS such as the following should be considered: MICS 2013-2014 and MICS 2018-2019, ECBSS Data on effective coverage of social services at district level, Child Well-being Survey 2016 data available at city corporation level and for slum and non-slum disaggregation at national level.
- Desk review of project documents, monitoring evidence and documentation of what have been achieved and internal learning throughout the process of the model implementation.
- The assessment team may propose an approach for analysis and comparison with similar/ past models. Analysing the sustainability of service delivery models and uptake may

require extensive analysis of necessary capacity and system/ mechanisms to enable transferring and scaling up of such models to the government.

- As not all vulnerable and lack-of-basic-social-services communities have been tested with models. This might offer some possibilities of seeing how the models applicable for other locations in the urban setting.

With the above general guidance on methodology, it is expected that the bidder is able to provide a detailed approach and methodology in both the technical proposal and even more details in the inception report.

Key activities and timelines are as below:

Phase/ Activities	Deliverables and details of activities	Time frame
1	<p>Inception phase: desk review, preliminary analysis, finalise detailed methodology and research plan</p> <p>Inception report and presentation</p> <ul style="list-style-type: none"> - Inception report including preliminary description of models and assessment methodology (locations selected for data collection, tools, data analysis and triangulation methodology, timeline, interview schedule, assessment questions and tools consistency matrix, ethical considerations, etc.) - Secondary data and documentation review should have happened during this stage. This includes consultation with UNICEF staff and implementing partners to gather all documents and full understanding of the models. - Presentation of the inception report to UNICEF for approval of report 	3 weeks
2	<p>Conduct primary data collection through field work and analysis of primary data (including triangulation)</p> <p>Field work report and presentation</p> <ul style="list-style-type: none"> - Conduct data collection missions - Presentation on key findings, highlights from field work and recommendations 	4 weeks
3	<p>Comprehensive analytical work, report writing and preparation of summary findings in presentation format.</p> <p>Draft final report and presentation</p> <ul style="list-style-type: none"> - Update the draft and provide complete description of models. - Data analysis and triangulation - A draft narrative of all evidence and analysis to the assessment questions, ensuring DAC-OECD criteria - Drafting conclusions and recommendations tied with findings - Power point presentation with main contents of the report for initial feedback 	3 weeks

	Phase/ Activities	Deliverables and details of activities	Time frame
4	Finalisation of the assessment report and findings	Final report <ul style="list-style-type: none"> - Incorporation of feedback into final report - Reader-friendly and innovative policy brief - Dissemination event of final report 	2 weeks

4. Deliverables

See details in the above table. As a summary, the deliverables include:

- Inception report and presentation
- Field work report and presentation
- Draft final report and presentation
- Final report

UNICEF Urban Management Team, Local Government Division (LGD) and LGD's National Coordination Body for Urban would serve as reference group who will be consulted on each key milestone of the assessment and will give feedback on deliverables of the assessment.

5. Reporting requirements

Beside the timeline of reporting as specified in the above table, the quality requirements for reporting are as below:

1. An inception report that presents the initial description of the models and a complete methodology approach to conducting the work, with all tools fully drafted. The inception report will also need to fully develop the assessment strategy, data collection and analysis methodology. The tools and analytical methods used should explicitly consider gender, human rights and equity dimensions. The inception report should present the proposed content of the final report following the GEROS reporting standards.
2. The inception report will need to be accompanied by a PPT, which needs to be presented and shared with the reference group.
3. The field work report and presentation to the reference group.
4. Draft Final Report. A final report that adheres to the GEROS reporting standards. The report needs to show a clear flow from objectives and purpose of the assessment, assessment questions, methods and tools used to collect and gather information, analytical approach, findings, conclusions and recommendations. Recommendations are expected to be presented and discussed with the reference group.
5. Draft final report PPT: The draft final report is to be presented and discussed with the reference group. Special attention to be taken to the discussion of the recommendations.

6. Final Report. A final report that incorporates comments and inputs given to the draft final report and that adheres to the GEROS reporting standards. The report should aim for conciseness, readability, and visual appeal.
7. A reader-friendly policy brief that summarizes the key findings, conclusions and recommendations to be produced. The firm can choose the format, but it is expected that innovative formats such as infographics or an ebook are used for enhanced readability.
8. Data archive: Data gathered in the exercise is transferred in an organized archive that will permit follow-on users to replicate or extend the analysis. Suitable care to be taken in assuring the anonymity of respondents.

6. Payment Schedule

First payment: 20% upon approval of the inception report and work plan

Second payment: 30% upon approval of fieldwork report and delivery of presentation

Third Payment: 30 % upon approval of draft final report and delivery of presentation

Final payment: 20% upon approval of final report and delivery of final presentation

Payment will not be made until the supervisor of this contract (with inputs from technical experts and reference group) approve each deliverable meeting the expected quality.

7. Qualification requirement of the company/institution/organization

Companies/ institutions/ organisations with permission to operate in Bangladesh are invited to apply.

Expected bidding companies/ institutions should have had similar experience of at least 5 years in conducting assessment in social sectors. They are expected to have structured team with experienced staff in research, primary data collection and analysis. It is expected that the bidding companies/ organisations are able to demonstrate their past relevant experience (through evidence of past analytical work) as well as in the profiles of the proposed team. The bidders are expected to propose a team with staff with experience in the locations (Dhaka, Gazipur, Barisal, Sylhet) where the assessment is to be conducted.

To avoid conflict of interest, organisations which were involved in implementation of the service delivery models under assessment will not be considered.

7a. Qualification requirement of the team (optional)

The assessment team should comprise of at least two core team members including lead assessor and co-assessor to ensure the team has both quantitative and qualitative assessment expertise, knowledge of social services policies and programmes. It is expected that a team of qualified and experienced data collectors is also engaged. The enumerators and data collectors must show proven experience of working in informal settlements and poor communities in urban context.

The **Lead Assessor** will play a lead role during all phases of the assessment and coordinate/supervise the work of the team. She/he will ensure the quality of the assessment process, outputs, methodology and timely delivery of all products. The team leader, in close collaboration with the experts, will lead the inception phase including the conceptualization and design of the assessment, guide the data collection phase, lead the analysis of key findings, lead the drafting of the final report and lead the validation process with stakeholders.

The key qualifications of the **Lead Assessor** include:

- At least ten years of professional experience in assessments with strong evidence of understanding global standards, theories, models and methods related to assessment/ evaluation;
- Proven experience in designing, leading and conducting evaluations/ assessments of similar scope in the context of developing programming, which involve critical analysis of organizational strategies and strategic positioning;
- Relevant experience in evaluations that focus on a wide coverage of child-related outcomes;
- Strong experience in the design, management and implementation of development programmes and knowledge of programming principles: Human Rights Based Approach (HRBA), Gender Equality, Capacity Development and Results Based Management (RBM).
- Very strong quantitative and qualitative data collection and analysis skills;
- Knowledge of the UNICEF/UN programming;
- Excellent written and oral communication skills in English
- Minimum a masters degree, but a PhD is desirable.

The proposed Lead Assessor of the bidding agencies should submit the report of the two most recent assessment/ evaluations for which s/he served as a team leader. Bids that do not include these reports will be given less points in the selection process.

The lead assessor may at the same time be quantitative assessment expert for the assignment and the co-assessor may play the role of qualitative expert or vice versa.

The quantitative expert needs to lead primary and secondary data analysis, support the development of quantitative tools of data collection (if necessary) and the design and calculation of quantitative indicators as needed. The quantitative expert needs to show the minimum following qualifications:

- At least 5 years experience in quantitative data collection and data analysis
- Professional formation in the areas of economics, statistics or comparable areas where quantitative analysis of data is core part of the foundation
- Proven experience in working with specialised data analysis software such as R, Stata or SPSS

The qualitative expert needs to lead the development of qualitative data collection tools, needs to lead the alignment of the tools with the assessment questions and needs to lead the training of the teams that will undertake the qualitative data collection. The qualitative expert will also need to oversee the transcription of the qualitative data collection and perform the analysis of the qualitative data collected. The qualitative expert needs to show the minimum following qualifications:

- At least 5 years experience in qualitative data collection and analysis
- Professional formation in social sciences, ideally with a focus on development
- Proven experience in working with specialised data analysis software such as NVIVO or similar qualitative analysis software

Field staff (data collectors and supervisors) must have completed secondary education and have experience in field work. It is highly recommended that data collectors are from local areas (of respective divisions) and understand the local context, norms and tradition.

8. Evaluation Process and Method

Bidders are expected to submit both technical proposal and financial proposal (in separate documents).

The technical proposal should provide the following details and evidence regarding the capacity of the bidding organisations:

- Organisations' history and mission.
- Structure of the organisation's core staff.
- Past similar experience with detailed list of similar projects (time, client, project's scope, methodology undertaken, deliverables completed by each project)
- Samples of similar analytical work/ assessment (at least 2 full or extract of reports) to evidence the capacity and quality of past analytical work.
- Propose detailed methodology for this assignment.
- Propose detailed workplan/ implementation plan with timeline.
- Propose team structure and key profiles (with CV of each key team members and summary of field staff) to undertake this assignment.

Annex 1: Generic description of service delivery models supported by UNICEF as of 2019

Model 1: 0-5 years / Outcome-1

Entry Point / Platform	Basic Services					
	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Primary health care centres and EPI outreach sites	EPI (including evening sessions) ANC PNC ENC SCANU IMCI PMTCT	Maternal Nutrition & IYCF Counselling GMP SAM screening & referral for management Routine monthly reporting on nutrition services through DHIS-2	Hygiene education (proposed) WASH in health care facilities (proposed)	Patenting/ECD (proposed)	Birth Registration within 45 days of birth	

Model 2: 6-10 years / outcome-2

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Learning centre for out of school children			Hygiene education WASH facility in LC	Second Chance Education Access to Drinking water, latrine, hand washing at the LC	Case Management in cooperation with LC facilitators	Extra curricular activities / Orientation on through Child club / learner group, parent group, meeting with SMC Topic: Child Labour Continuation of education Handwashing Corporal punishment

Model 3: 11-18 years / outcome-3

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Learning centre for out of school children				SCE Access to Drinking water, latrine, hand washing at the LC Access to ALP	Case Management in cooperation with LC facilitators	Extra curricular activities / Orientation on / discussion issues, such as, hand washing through Child club / learner group, parent group
Adolescent Club		Nutrition intervention package for adolescents Capacity building of the Peer leaders on adolescent nutrition Nutrition education & counselling for adolescent members BCC materials distribution IFA supplementation Adolescent nutrition	Hygiene Education including menstrual hygiene for girls		Life Skills education including reproductive health, HIV education and hygiene education; Access to stipend	Adolescent Radio Listener Club at school IPT shows (child labour, ending child marriage, education, protection, WASH)
Adolescent friendly health centre (run by BAPSA in collaboration with GoB and partners)	Reproductive health service and counselling; HIV		WASH facility at the centre			

Model 4: All Age Group

Entry Point / Platform	Basic Services						Communication for Development (C4D)
	Health	Nutrition	WASH	Education	Child Protection		
Community			Legal Water Connection; Community Latrines; Handwashing facility at HH level; Menstrual Hygiene education for girls in community (fortnightly sessions)				Community engagement through mothers' group activities, CBCPC, Imam, film shows. Issue based campaign(child marriage, child labour) Topics: ANC, PNC Institutional delivery ENC Nutrition Birth registration

Annex 2: Service Delivery Models 2017-2018 for Assessment, Dhaka North City Corporation, July 2019

Model 1: 0-5 years / Outcome-1

Entry Point / Platform	Basic Services						Communication for Development (C4D)
	Health	Nutrition	WASH	Education	Child Protection		
Primary health care centres and EPI outreach sites	EPI (including evening sessions) ANC PNC ENC IMCI PMTCT	Maternal Nutrition & IYCF Counselling GMP SAM screening & referral for management Routine monthly reporting on nutrition services through DHIS-2			Birth Registration within 45 days of birth		

Model 2: 6-10 years / outcome-2

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Learning centre for out of school children				Second Chance Education Access to Drinking water, latrine, hand washing at the LC	Case Management in cooperation with LC facilitators	Extra curricular activities / Orientation through Child club / learner group, parent group, meeting with SMC Topic: Child Labour Child Marriage

Model 3: 11-18 years / outcome-3

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Learning centre for out of school children				SCE Access to Drinking water, latrine, hand washing at the LC	Case Management in cooperation with LC facilitators	Extra curricular activities / Orientation on / discussion issues, such as, hand washing through Child club / learner group, parent group
Adolescent Club		Nutrition intervention package for adolescents Capacity building of the Peer leaders on adolescent nutrition Nutrition education & counselling for adolescent members BCC materials distribution IFA supplementation Adolescent nutrition	Hygiene Education including menstrual hygiene for girls	Access to ALP	Life Skills education including reproductive health, HIV education and hygiene education; Access to stipend	Adolescent Radio Listener Club at school IPT shows (child labour, ending child marriage, education, protection, WASH)
Adolescent friendly health centre (run by BAPSA in collaboration with GoB and partners)	Reproductive health service and counselling; HIV		WASH facility at the centre (planned)			

Model 4: All Age Group

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Community			Legal Water Connection; Community Latrines; Handwashing facility at HH level; Menstrual Hygiene education for girls in community (fortnightly sessions)			Community engagement through mothers' group activities, CBCPC, Imam, film shows Issue based campaign(e.g.child marriage, child labour) Topics: ANC, PNC Institutional delivery ENC Nutrition Birth registration

Annex 3: Service Delivery Models 2017-2018 for Assessment, Gazipur City Corporation, July 2019

Model 1: 0-5 years / Outcome-1

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Primary health care centres and EPI outreach sites	EPI ANC PNC ENC IMCI PMTCT	Maternal Nutrition & IYCF Counselling GMP SAM screening & referral for management Routine monthly reporting on nutrition services through DHIS-2 Routine micro nutrient (Vit A)			Birth Registration within 45 days of birth	Sharing with parents 15 key lifesaving messages and relevant IEC materials.

Model 2: 6-10 years / outcome-2

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Learning centre for out of school children			Hygiene education WASH facility in LC	Second Chance Education Access to Drinking water, latrine, hand washing at the LC	Case Management in cooperation with LC facilitators	Extra curricular activities / Orientation on through Child club / learner group, parent group, meeting with SMC Topic: Child Labour Continuation of education Handwashing Corporal punishment

Model 3: 11-18 years / outcome-3

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Learning centre for out of school children				SCE Access to Drinking water, latrine, hand washing at the LC	Case Management in cooperation with LC facilitators	Extracurricular activities / Orientation on / discussion issues, such as, hand washing through Child club / learner group, parent group
Adolescent Club		Nutrition intervention package for adolescents Capacity building of the Peer leaders on adolescent nutrition Nutrition education & counselling for adolescent members BCC materials distribution IFA supplementation	Hygiene Education including menstrual hygiene for girls		Life Skills education including reproductive health, HIV education and hygiene education; Access to stipend	Adolescent Radio Listener Club at school IPT shows (child labour, ending child marriage, education, protection, WASH)

Model 4: All Age Group

Entry Point / Platform	Basic Services					
	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Community			<p>Legal Water Connection; (No piped network close to the low-income community)</p> <p>Community Latrines; Handwashing facility at HH level; Menstrual Hygiene education for girls in community (fortnightly sessions)</p>	<p>Courtyard meeting, home visit, PTA and SMC engagement by teachers.</p> <p>Inter School Sports led by GCC.</p>		<p>Community engagement through mothers' group activities, CBCPC, Imam, film shows</p> <p>Issue based campaign (child marriage, child labour)</p> <p>Topics: ANC, PNC Institutional delivery ENC Nutrition Birth registration</p>

Annex 4: Service Delivery Models 2017-2018 for Assessment, Barisal City Corporation, July 2019

Model 1: 0-5 years / Outcome-1

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Health care center's & Facilities and EPI outreach sites, Evening Health clinic	ANC PNC ENC SCANU EPI IMCI Mother/ caregiver's training & counselling Primary health care services for children and mothers Reporting through DHIS-2	Maternal Nutrition & IYCF Counselling GMP SAM screening & referral for management Reporting through DHIS-2 Routine micro nutrient (Vit A)	Hygiene education	Parenting	Birth Registration within 45 days of birth Early Identification of Children with Disability	Promotion of key lifesaving behaviors through IPC & counselling at facilities
Learning center (Primary school/ PPE/SBK/ Kindergarten) CFS	National campaigns (Vit.-A, NID)	Routine micro nutrient (Vit A)	Hygiene education WASH in School/facilities		Day care for children of working mothers Positive Parenting Sessions for Parents/Care-givers	Meeting and dialogue with caregivers and parents

Model 2: 6-10 years / outcome-2

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
CFS/ Shelter home/safe home			Hygiene education MHM Access to drinking water, sanitary latrine, hand washing		Case Management in cooperation with social workers/NGO workers/Community Mobilizers	
Primary school			Hygiene education MHM	School effectiveness	Prevention of corporal punishment Reporting on VAC	Film show and interactive session on key behaviours with students at primary school

Model 3: 11-18 years / outcome-3

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Adolescent Club/Children Council/ ARLG/ CBCPC/CFS/Night shelter	Counselling on adolescent health	Nutrition intervention package for adolescents Capacity building of the Peer leaders on adolescent nutrition Nutrition education & counselling for adolescent members BCC materials distribution IFA supplementation	Hygiene Education including menstrual hygiene for girls		Life Skills education package Access to stipend (technical training & IGA support) Ending VAC (including SGBV) Case management	Capacity building on IPC & key behaviours Radio program (Phone in/quiz, magazine programme/) IPT shows (child labor, ending child marriage, education, protection, WASH) IEC materials distribution

Secondary school	Counselling on adolescent health	Nutrition intervention package for adolescents Capacity building of the Peer leaders on adolescent nutrition Nutrition education & counselling for adolescent members BCC materials distribution IFA supplementation.	Hygiene Education including menstrual hygiene for girls Construction/repairing of WASH facilities Hygiene corner	Education for adolescents	Ending VAC (including SGBV) Case management	Capacity building on IPC & key behaviours Radio program (Phone in/quiz, magazine programme/) IPT shows (child labor, ending child marriage, education, protection, WASH) IEC materials distribution School based educative sessions
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Model 4: All Age Group

Basic Services						
Entry Point / Platform	Basic Services					
	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Community			Legal Water Connection; Community Latrines; Handwashing facility at HH level; Menstrual Hygiene education for girls in community (fortnightly sessions)		Multi-purpose Child development Center	Social and behavior change through community engagement (Household counselling, courtyard meeting, community dialogue etc.) Sensitization and capacity building (Training/orientation) for religious and community leaders on IPC to promote key behaviors Capacity building of service providers on IPC and community engagement Entertainment education (Film show and IPT) for

Annex 5: Service Delivery Models 2017-2018 for Assessment, Sylhet City Corporation, July 2019

Model 1: 0-5 years / Outcome-1

Entry Point / Platform	Basic Services					
	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Primary health care centres and EPI outreach sites	EPI (including evening sessions) ANC PNC ENC SCANU IMCI PMTCT	Maternal Nutrition & IYCF Counselling GMP SAM screening & referral for management Routine monthly reporting on nutrition services through DHIS-2 Routine micro nutrient (Vit A)	Hygiene education WASH in health care facilities		Birth Registration within 45 days of birth	Social mobilization

Model 2: 6-10 years / outcome-2

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
For Sylhet: GPS/ SCC run schools	Health screening	Nutrition screening, Deworming	Hygiene education: MHM, cleanliness, Handwashing etc WASH facility in schools	School effectiveness programme Second Chance Education	Child Labor Prevention through CCT and other referral services Online Safety training	Social mobilization Day observation School based C4D strategy Through Child club / learner group, parent group, meeting with SMC Topic: Child Labour Continuation of education Handwashing Corporal punishment Positive Parenting

Model 3: 11-18 years / outcome-3

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Adolescent Club	AFHS (Adolescent Friendly Health Services)	Nutrition intervention package for adolescents Capacity building of the Peer leaders on adolescent nutrition. Nutrition education & counselling for adolescent members BCC materials distribution IFA supplementation	Hygiene Education including menstrual hygiene for girls	Education for Adolescents Alternative Learning Program	Life Skills education including child development, reproductive health, HIV education and hygiene education; Access to stipend Online Safety training	Adolescent Radio Listener Club at school IPT shows (child labour, ending child marriage, education, protection, WASH) Knowledge dissemination through U-report.

Model 4: All Age Group

Basic Services						
Entry Point / Platform	Health	Nutrition	WASH	Education	Child Protection	Communication for Development (C4D)
Community	ANC/ maternal health Camp	Nutrition screening jointly with Health camp	Legal Water Connection; Community Latrines; Handwashing facility at HH level; Menstrual Hygiene education for girls in community (fortnightly sessions)		Empowerment of CBCPC to deal with Child Rights and Child Protection issues	Community engagement through mothers' group activities, CBCPC, Imam, film shows Issue based campaign(child marriage, child labour) Topics: ANC, PNC Institutional delivery ENC Nutrition Birth registration

