Adolescents 360 – Baseline Survey
Request for Proposals (RFP)

Background

This invitation to tender invites proposals from potential service providers for conducting a baseline survey for the Adolescent 360 (A360) programme in two states of Nigeria. The survey will be undertaken on behalf of Itad, who leads the consortium for the evaluation, and the London School of Hygiene and Tropical Medicine (LSHTM), which leads the outcome evaluation for the programme. The successful supplier will support the process of obtaining ethical clearance for the outcome evaluation protocol from a national (Nigeria-based and accredited) Institutional Review Board in March 2017. It is anticipated that data collection would commence in July 2017.

A360 is a US$30 million investment to increase modern contraceptive use among girls aged between 15 and 19 in Ethiopia, Tanzania and Nigeria. Bill & Melinda Gates Foundation (BMGF) and the Children's Investment Fund Foundation (CIFF) are providing the investment for the implementation of A360 by a consortium led by Population Services International (PSI.) Society for Family Health is the implementing agency in Nigeria. The innovative A360 approach combines human-centred design (HCD) with social marketing, developmental neuroscience, sociocultural anthropology and youth engagement to create better solutions for adolescents. Itad is working in collaboration with LSHTM to independently evaluate the impact of the A360 programme.

More information on these organisations can be found at their respective websites:

https://www.lshtm.ac.uk/

http://www.itad.com/

The Terms of Reference (ToR) for the survey are attached at Annex A.

Deadlines and Key Dates

No	Activity	Time/Date
1	Date of invitation	15th February, 2017
2	Service providers briefing	12:00 am GMT/23rd February, 2017
3	Final date for receipt of tender questions and requests for clarification	27th February, 2017
4	Submission date for proposals	08.00 am GMT/6th March 2017
5	Bid evaluation	w/c 6th March 2017
6	Bid selection	15th March 2017
7	Issue contract	17th March 2017
8	Contract starts	22nd March 2017
9	Indicative start of data collection	7th August 2017

Eligible Organisations/Individual/Firms

Individuals, consulting firms, research institutes, or academic institutions based in Nigeria with relevant experience and a track record of conducting household surveys are invited to submit bids. Tenderers can associate to submit a joint bid. Itad will however, only issue a contract to a prime contractor, who will remain responsible for the performance of any sub-contractors and for the overall delivery of the evaluation.

Content of the Proposals

Proposals should not exceed 20 pages, excluding annexes with workplans, CVs, budget information, or experience information. Proposals should clearly show the approach, capabilities and experience of the interested party.

Proposals should be submitted in the following structure:

- **Section 1: Proposed approach, methodology and outputs.** This should clearly set out the methodological approach and work plan that the service provider proposes to adopt, consistent with the assignment TORs. The objectives, proposed audience and expected outputs should be clearly explained. The approach should include clear quality assurance measures and processes.
- **Section 2: Staffing inputs and timeframe**. This section shall identify the categories of staff proposed for the assignment (e.g. enumerators, supervisors) and their anticipated roles and responsibilities and time inputs. The proposal should clearly identify whether individuals are staff employees, temporary contract staff or independent/associate consultants. The proposal should include details of the proposed duration and timing of the various survey phases, a Gantt chart should be annexed. The proposal should articulate clearly what role different staff members will play in relation to quality assurance (supervision, oversight, coordination, formulation of quality assurance processes etc.).
- **Section 3: Mobilisation and Resources.** This should demonstrate the ability of the individual(s) to mobilise and resource the project. For example, the proposal should state the proposed mobilisation date, confirm the availability of team members and describe any back-stopping and resources that the tenderer can offer to team members. It should also include details of the Duty of Care arrangements that the tenderer has in place, to ensure the safety of its team. (such as, risk assessments, risk mitigation plans, insurance coverage). Duty of Care procedures and/or policies can be annexed.
- **Section 4: Financial Proposal.** This should set out details of the proposal costs, including the total lump-sum price proposed, inclusive of all fees, expenses and taxes. The financial proposal should also include the number of days offered, together with details of unit costs covering, but not limited to, daily fees rates (of consultants, supervisors and enumerators), daily subsistence rates, broken down travel costs and any printing or report preparation. The financial proposal should be broken down by survey phase and bids should be priced in USD and incorporate a proposed payment schedule aligned with the proposed phases of the survey.
- **Section 5: Experience.** This should set out the service provider's recent and relevant experience in implementing surveys of a similar scale and scope, including any analytical work. Experience in obtaining ethical clearance from a national Institutional Review Board should also be included.
- **Section 6: CVs of core team members who will work on the evaluation.** CVs should be included only for key senior staff or consultants nominated within the proposal. CVs should be kept to 2 pages maximum and provide a brief summary of recent and relevant experience pertinent to the survey.

Evaluation Criteria

The bid evaluation will be based on a 100% scoring system that gives 75% of the score in the evaluation to technical factors and 25% to the price offered by a Procurement Committee, as follows:

Criteria	Weighting
Technical Criteria (75% of the total)	
Methodology and work plan	25%
quality assurance measures	20%
Experience of similar evaluation work and track record of impact level work	20%
CVs – Individual skill, quality and capability	10%
Financial Criteria (25% of the total)	
Financial Score – total cost, fees, number of days offered, including the duration and timing of the assignment.	25%

The financial score is calculated by giving the proposal with the lowest total lump-sum financial price a financial score of 100. Other proposals are given financial scores that are inversely proportional to their prices.

To illustrate: if the lowest financial price in a tender is £20,000, this receives a financial score of 100. A bid with a price of £30,000 would receive a financial score of (£20,000 / £30,000) * 100 = 66.6%. A bid with a price of £33,000 would receive a financial score of (£20,000 / £33,000) * 100 = 60.6

Submission of Bids

An electronic copy of the bid should also be submitted to: a360evaluation@itad.com

Note: Late Bids Will Be Rejected.

Evaluation and Selection of Preferred Bidder

Bids will be opened and evaluated by a Procurement Committee which will include individual representatives of LSHTM and Itad. The preferred bidder will normally be the highest scoring bidder. If scores are very close, the Committee may identify more than one preferred bidder and may invite bidders to discuss their proposals further with the Committee.

Bidders will be informed of the Committee's decision within one week of the Committee's meeting.

The decision of the Committee will be final.

Contract and Award

The Committee is under no obligation to select a preferred bidder or to approve the award of a contract for this evaluation project.

The selected bidder will enter into a contract with Itad. Contracting and payment milestones
The successful firm will by contracted with Itad Ltd. The financial proposal should include a suggested lump sum milestone payment schedule.

At least 75% of payment should be made upon acceptance deliverables – i.e. where agreed quality standards are reached.

Payment schedules should be clearly laid out in a table, be broken down by deliverable and the payable amount clearly shown. The table should clearly indicate a total price payable including all fees, overheads and taxes for each payment line.

Tender Questions and Requests for Clarification

All questions about the tender or requests for clarification should be submitted by email to a360evaluation@itad.com by the dates set out in the above 'Deadline and Key Dates' section.

Key members of the Procurement Committee will host a conference call on to answer both technical and contractual questions. It is recommended that questions are submitted prior to the call.

Conference Call Details:

Date: Thursday, 23rd February 2017
Time: 12.00 (GMT)
Dial in Numbers: United Kingdom: 01273 200729
International: 00441273 200729
Meeting Title: A360
Room Number: 702
PIN Number: 72637726

Please note individual questions or requests answered will be shared openly with all who submit enquiries.

Proposal Cost

Bidders are responsible for all costs associated with the preparation and submission of proposals.

Bid Format

Proposals should be electronically submitted as one document. All electronic copies should be checked for viruses before submitting.

Annex A. Terms of Reference

Terms of reference for the Adolescents 360 (A360) outcome evaluation baseline survey

1. Background	1.1 In Nigeria, A360 will be implemented through the Society for Family Health (SFH) in four states in the North of the country (Abuja, Kaduna, Nassarawa, Niger) and six states in the South of the county (Edo, Delta, Lagos, Ogun, Osun, Oyo). 1.2 Within these target states, SFH will implement A360 in selected Local Government Areas (LGA) within the target regions/states. 1.3 Itad/LSHTM will evaluate the impact of A360 in Nigeria over a two year period (2017-19) and they are currently seeking a data collection partner who will implement a baseline survey in 2017. 1.4 Itad and LSHTM together form the Evaluation Manager (EM) for the portfolio. The EM will be responsible for the overall design of the A360 outcome evaluation and for quality assuring the work.
2. Objective	2.1 The objective of the required services is to prepare and conduct a baseline survey for the A360 outcome evaluation.
3. Study objectives	3.1 The **primary objective** of the outcome evaluation in Nigeria is to determine the impact of A360 on: 3.1.1 Reported use of modern contraceptives by sexually active 15-19 year old girls **Secondary objectives** are to determine the impact of A360 on other key reproductive health outcomes in 15-19 year olds girls 3.1.2 Age specific fertility rate 3.1.3 Age at first birth 3.1.4 Unmet need for modern contraceptives 3.1.5 Adolescent girls' knowledge on the use of modern contraceptives to prevent unintended pregnancies; 3.1.6 Adolescent girls' agency (self-efficacy) to use modern contraceptives to prevent unintended pregnancies; 3.1.7 Adolescent girls' attitudes ('value') towards the use of modern contraceptives to prevent unintended pregnancies; 3.1.8 Access to contraceptive services and products; The study also aims to measure the impact of A360 on 3.1.9 Community acceptance and social support for adolescent girls to adopt healthy SRH behaviors including use of modern contraceptives
4. Study design	4.1 Before-after study cross-sectional surveys with a comparison group
5. Geographical location(s)	5.1 The survey will take place in selected LGA within Nasarawa and Ogun states. 5.2 The LGA within each state have not yet been selected. LGA will be paired so that one of the pair can receive A360 and the other serves as a comparison area. For the purposes of planning, data collection agencies should use the following scenarios:

	5.2.1 2 LGA in each state: Nasarawa: Karu and Nasarawa Ogun: Ifo and Ado-Odo/Ota 5.2.2 4 LGA in each state: Nasarawa: Karu, Nasarawa, Toto, Awe Ogun: Ifo, Ado-Odo/Ota, Shagamu, Obafemi-Owode
6. Study population(s)	6.1 We will interview two distinct study populations: **A. Females aged 15-19 years** **B. Husbands and parents/guardians of females aged 15-19 years** 6.2 Most our survey questions will be applicable only to girls who report that they have been sexually active in the 12 months prior to the survey. We will have a shorter questionnaire for non-sexually active girls and a longer questionnaire for sexually active girls. Please see the sample size calculations below for further details (section 10).
7. Sampling	7.1 In each of the selected study areas, a sampling frame will be identified (or created/updated if no suitable sampling frame exists), and households containing adolescent girls will be selected using probability-sampling techniques. We will aim to interview a representative sample of married and unmarried 15-19 year old girls. 7.2 We anticipate two potential sampling strategies: 7.2.1 Representative sample of all girls living in the LGA 7.2.2 Representative sample of all girls living within a defined distance of a health facility offering family planning services 7.3 Proposals should indicate the trade-offs in terms of time and cost for these two strategies. 7.4 Husbands and parents/guardians will be systematically sampled from households where girls are interviewed (1 husband/parent for every 15 sexually active girls interviewed)
8. Data collection	8.1 Data should be collected electronically through face-to-face questionnaires. Proposals to collect data through other means e.g. with paper questionnaires and/or self-completed questionnaires should include a justification for such methods. 8.2 There will be two questionnaires: 8.2.1 Population A- Part 1 all girls (20 minutes), part 2 for sexually active girls (additional 30 minutes) 8.2.2 Population B- 30 minute questionnaire 8.3 Interviewers will be females aged <25 years.

	8.4 Parental consent will need to be obtained for participants aged less than 18 years of age.
9. Inclusion criteria	9.1 Population A • Females aged 15-19 years • Live, at the time of the survey, in the study communities • Provide consent to participate 9.2 Population B • Are either the cohabiting husband, main sexual partner, or parent/guardian of a girl participating in the study • Provide consent to participate
10. Sample size	**10.1 Difference in difference of 2.5%** 10.1.1 Among sexually active 15-19 year olds we assume that in the absence of A360 mCPR will increase from 17.3% to 17.7% between 2017 and 2019. 10.1.2 In the presence of A360 mCPR will increase from 17.3% to 20.2% (2.9% point increase over 2 years). This represents a 17% increase between 2017 and 2019 in A360 exposed girls. 10.1.3 A sample size of 7439 sexually active girls will allow us to detect a difference in difference of 2.5%. **10.1.4 Population A sample size: N= 19,340 (of whom 7,500 are sexually active)** **10.1.5 Population B sample size: N=500** **10.2 Difference in difference of 3.5%** 10.2.1 Among sexually active 15-19 year olds we assume that in the absence of A360 mCPR will increase from 17.3% to 18.0% between 2017 and 2019. 10.2.2 In the presence of A360 mCPR will increase from 17.3% to 21.6% (4.4% point increase over 2 years). This represents a 25% increase between 2017 and 2019 in A360 exposed girls. 10.2.3 A sample size of 3648 sexually active girls will allow us to detect a difference in difference of 3.5%. **10.2.4 Population A sample size : N=10,315 (of whom 4,000 are sexually active)** **10.2.5 Population B sample size: N=275**
11. Data quality and supervision	11.1 The data collecting partner will be responsible for ensuring that the data are collected according to the agreed protocol and that the data collectors follow the agreed ethical procedures. 11.2 The data collection partner should have a system in place to ensure the quality and integrity of the data collected.
12. Data management	12.1 Data will be collected electronically and will be available for EM to view in real time or within a maximum of 5 days of data collection.
13. Data analysis	13.1 At the end of the baseline survey, the data collection partner will provide a clean dataset to the EM. 13.2 Data will be analysed by the EM.

14. Cost estimate	14.1 The Survey Firms bidding for the assignment will need to prepare a detailed budget to cover the **8 scenarios shown in appendix 2**. 14.2 The sampling design proposed in these ToR will be used for costing purposes. However, the final sampling methodology will be discussed and agreed and will depend on the available budget and agreement with BMGF/CIFF. 14.3 Following the study tool pre-testing and/or pilot study, there may be some adjustments made to the sample size or the data collection tools. Changes would be agreed with the EM as well as any cost implications.
15. Workplan	15.1 The data collection partner and the EM will work together to develop the study protocol in March 2017. 15.2 Full IRB approval is expected at the latest by the 4th August 2017. 15.3 The pilot study will take place during the week of the 21st August 2017. 15.4 Baseline survey data collection is expected to be completed by the end of September 2017. 15.5 The EM will be present during the training of the field team, and will provide quality assurance during the fieldwork on an ongoing basis and feedback will be provided to the data collection partner. 15.6 The data collection partner is expected to put in place the necessary management structures to ensure effective delivery of the assignment 15.7 The data collection partner will be responsible for developing a timeline of activities for the surveys and managing the implementation of these activities so the timeline above is adhered to and the work completed in a timely manner.
16. Specific deliverables and deadlines	16.1 Contract agreed and signed by **22nd March 2017** 16.2 Feedback on draft research tools and ethical review board application form delivered by **28th March 2017**: including i. Questionnaire for population A ii. Questionnaire for population B iii Survey protocols 16.3 Draft data collection forms in electronic format by **15th June 2017** 16.4 Interviewer training plan including data collection teams and data collection training material by **30th July 2017** 16.5 Fieldwork schedule and implementation plan including quality assurance standards by **30th July 2017** 16.6 Final data collection forms in electronic format by **7th August 2017** 16.7 Report of pilot study by 1 week post end of pilot study (estimated **31st August 2017**) 16.8 Revised electronic data collection forms and protocol by 1 week post end of pilot study (estimated to be **31st August 2017**) 16.9 Successful completion of the survey with final datasets with basic information document covering fieldwork summary and quality assurance report within 14 days of completion of the survey (estimated **15th October 2017**). If problems are identified at this stage which are due to survey implementation, the data collection partner will be obligated to rectify and, if required, collect additional data.

Appendix 2: Summary of study design scenarios

Scenario	Sample size (population A- all)[1]	Sample size (population A- sexually active)	Sample size (population B)	Sampling area	Number of LGA in each state
1	21274	7500	500	Entire LGA	2
2	21274	7500	500	Health facility catchment areas	2
3	21274	7500	500	Entire LGA	4
4	21274	7500	500	Health facility catchment areas	4
5	11346	4000	275	Entire LGA	2
6	11346	4000	275	Health facility catchment areas	2
7	11346	4000	275	Entire LGA	4
8	11346	4000	275	Health facility catchment areas	4

[1]Number to interview inflated by 10% to take into account non-response

Appendix 3: Details of the sample size calculations

Table 1: Table of assumptions *(DHS 2013, Table 4.7.1)*

Parameter	
Proportion of 15-19 year old females who are married (or living together)	29%
Proportion of 15-19 year old females who are unmarried (not currently married)	71%
Proportion of unmarried 15-19 year old females who report sexual activity in the past year	15%
Proportion of married 15-19 year olds who report sexual activity in the past year	97%
Proportion of 15-19 year old females who report sexual activity in the past year	39% (28% are married, 11% are unmarried)

Table 2: Estimated mCPR and sample size needed for sexually active 15-19 year olds (Population A)

	Scenario 1-4			Scenario 5-8		
	2017	**2019**	**'19-'17**	**2017**	**2019**	**'19-'17**
Comparison	17.3%	17.7%	1%	17.3%	17.7%	1%
Intervention	17.3%	20.2%	3%	17.3%	21.3%	4%
Difference in differences			2.5			3.6
Sample size needed[1]			**7439**			**3626**

1 This is the total sample size needed for the survey of population A i.e. the total number of population A to be interviewed in the intervention and comparison areas combined.

Table 3: Scenario 1-4 sampling strategy

	Target sample of sexually active 15-19 year olds**	**% of 15-19 year olds who are sexually active**	**Number to interview**
Married	5440	97%	5609
Unmarried sexually active	2060	15%	13731*
TOTAL	**7500**		**19,340**

**Unmarried girls who are not sexually active will receive a shorter screening questionnaire*
*** Assume of all females aged 15-19 years who report being sexually active in the previous year that 73% are married and 27% are unmarried*

Table 4: Scenario 5-8 sampling strategy

	Target sample of sexually active 15-19 year olds**	**% of 15-19 year olds who are sexually active**	**Number to interview**
Married	2901	97%	2991
Unmarried sexually active	1099	15%	7323*
TOTAL	**4000**		**10,315**

**Unmarried girls who are not sexually active will receive a shorter screening questionnaire*
*** Assume of all females aged 15-19 years who report being sexually active in the previous year that 73% are married and 27% are unmarried*