ANNEXURE 4: Proposal Form Template

Proposal Form

<Insert Consultancy Title Here>

Submission Date: .....

1. Covering Letter

2. Basic Information (1 page)

Name and full address of the firm/organization:	
(if applicable)	
Key consultant's name and full address:	
Key consultant's date of birth in dd/mm/yyyy:	
Landline No.:	
Mobile No:	
Email address:	
Post Box No:	
Fax No:	
TPN No:	

3. List the relevant work experience in the past three years.

4. Express your understanding of the Terms of Reference for this consultancy.

5. Technical Proposal: Explain how you propose to undertake this assignment with clear methodology and timeline.

6. Financial Proposal: Provide a clear breakdown of your proposed consultancy fees in Bhutanese Ngultrums only. Include all administrative costs including travel costs. The proposed cost should be inclusive of taxes. (The financial proposal should be submitted in a separate sealed envelop clearly titled as "Financial Proposal for <add title of the consultancy assignment>".

7. Supporting documents mandatorily required:

7.1. Copy of Valid trade license for registered consultancy firms
7.2. Latest tax paid certificates &TPN numbers
7.3. ID copy of the proprietor for consultancy firms
7.4. Bank Details of the Consultancy Firm & Individual Bank Account Number of Individual Consultants
7.5. CV of the Lead Consultant
7.6. Address and contact details

Terms of Reference for the assessment on:

Understanding developmental delays and delivery and effectiveness of playful parenting interventions

1. PROJECT SUMMARY

Type of Research	[Mixed method assessment]
Name of the project	[Prescription to Play: Care for Child Development Plus (C4CD Plus): A Framework to Integrate, Scale-up and Sustain Playful Parenting in Health Systems.]
Project Start and End dates	[September 2019 to April 2025]
Project duration	[Five years]
Project locations:	[Bhutan: All 20 districts and Thimphu Thromdes]
Thematic areas	[Education]
Sub themes	[ECCD]
Donor	[LEGO Foundation]
Estimated beneficiaries	[Children: 56,464, Caregivers:84,696]
Overall objective of the project	**[**All children aged 0-3 will reach their full potential through an evidence-based playful parenting intervention**]**

2. INTRODUCTION

This document presents the proposal for conducting a mixed method study related to the Prescription to Play (P2P)/C4CD Plus project funded by Save the Children and implemented in partnership with Department of Public Health (DoPH) of the Ministry of Health (MoH), National Medical Services (NMS) and Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB).

The P2P/C4CD Plus project has built the capacity of health workers to deliver playful parenting session to primary caregivers of children under three. P2P demonstrates how playful parenting can be institutionalized and effectively delivered in national health services and sustained at scale to serve all children under three, including the geographically disadvantaged, while providing more intensive support to children with developmental delays and disabilities. P2P's Theory of Change focuses on three core areas: demand generation by families, the institutionalization of playful parenting in Bhutan's national health services, and a regional movement to prioritize playful parenting in Asia and the Pacific. The P2P project activities implemented over the course of five years are expected to bring about the sustainable institutionalization of playful parenting in health services and large-scale demand. After the project period, it is expected that there will be sufficient service supply and demand for playful parenting to function on its own to enable all children to reach their full potential.

The P2P/C4CD Plus project has supported in institutionalizing recording and reporting system that captures data on the delivery of project services through the DHIS2 system. This study serves as a learning function to assess the burden of developmental delays in children by child developmental domains, area, gender, age, etc. captured through the Bhutan Child Development Screening Tool and whether playful parenting monthly group session provided at the health centers has helped overcome developmental delays in children. This study will take a deeper look into the delays in different developmental domains, individual interventions and the support/referral services caregivers and children under three years old are receiving. Additionally, the assessment will explore the implementation of recording and reporting system and understand factors hindering or enabling the regular provision of screening services and accessibility of this service for caregivers and parents.

3. BACKGROUND AND CONTEXT

Bhutan's health system, one of the most established government services, reaches 96 percent of children under five years of age. P2P therefore engages the health service delivery mechanism to navigate this context: Health Assistants (HA s) are trained to deliver playful parenting sessions tied with their existing outreach work in rural communities, providing a cost-effective approach to reaching nearly all young children. P2P is led by the DoPH Ministry of Health (MoH) in Thimphu, with technical assistance from Save the Children.

The project has envisioned three outcomes: -

a) **Outcome 1:** Improved playful interactions between primary caregivers and their children (aged birth to three)
b) **Outcome 2:** Improved practice among the workforce to promote playful interactions between primary caregivers and their children (aged birth to three).

c) **Outcome 3:** Buy-in from government to sustain the at-scale implementation of the evidence-based playful parenting intervention.

To realize these outcomes P2P adopts a multipronged strategy to institutionalize playful parenting in Bhutan's health system. At the **health system level**, playful parenting has been integrated in the Ministry of Health's (MoH) Integrated Management of Neonatal and Childhood Illnesses (IMNCI) program and the pre-service training for HAs at Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB). P2P is currently delivered through 639 Health Assistants (HAs) reaching approximately 264 Primary Health Centers (PHCs) in urban and rural areas, and 551 Outreach Clinics (ORCs) in very remote areas. HAs conduct monthly interactive group sessions (e.g. hands-on demonstration and practice) for caregivers and babies on play, health, safety and positive discipline and screen children for developmental delays. They also provide individual counselling at the PHC/ORC for families with children with delays on play and responsive caregiving and refer those exhibiting severe delays to specialized services. HAs are trained to refer families needing child and maternal protection to social services.

At the **community level**, P2P has initiated a mass media campaign and community mobilization activities to generate awareness, demand and support for playful parenting, engage female and male community champions, including village health workers, and address beliefs and barriers related to masculinity, caregiving, early childhood and misconceptions about play. At the **household level**, P2P aims to engage influential household members, including fathers and grandparents. Group and counselling beneficiaries receive take home cards showing male and female parents and grandparents playing the activities they were taught to facilitate the adoption of playful parenting practices. At the **regional level**, the Asia-Pacific Regional Network for Early Childhood (ARNEC)[1] is a key partner to generate awareness among Asia-Pacific governments, disseminate learnings from this project and build capacity to advocate for playful parenting in the region.

The program has been implemented across all 20 districts. Indicators on child development screening sessions have been integrated into the District Health Information System (DHIS2). Health workers have been trained to deliver the BCDST sessions for caregivers and children under three years old and the health workers regularly submit the data into the DHIS2 system. The data collected in this study aims to provide insights into child development screening and delays in the country.

4. SCOPE OF THE STUDY

The primary objective is to collect data around the children's developmental screening and referral services and to provide an in-depth analysis of the findings on children's developmental status, accessibility and service delivery challenges. It will capture the burden of children's different developmental delays domains by type, age, gender, etc. To assess the burden and any potential impact of playful parenting sessions in overcoming delays in children, secondary data available at all primary health centers for children birth to three years of age throughout the country will be collected using a standardized tool. This approach will be complemented by a qualitative component aimed to assess the effectiveness of playful parenting as reported by caregivers, factors hindering or enabling the regular provision of screening services and accessibility of this service for caregivers and parents. In-depth interviews and key informant interviews with parents and service providers will be conducted. A sampling frame that is

[1] https://arnec.net/

representative will need to be determined for the qualitative assessment. The findings from the research will not only provide on the burden of developmental delays in children and the likely impact of P2P/C4CD Plus playful parenting interventions but also can be important in strengthening the delivery of child development screening and referral services.

Key Research Questions (KRQ) for this research are developed in alignment with P2P's program outcomes. Depending on pilot testing and deeper understanding of recording and reporting system, the research questions and method may need to be revised.

5. KEY RESEARCH QUESTIONS

1. **RQ1:** What percentage of children have been identified as having probable developmental delays and what percentage have confirmed development delays, by type (e.g., cognitive, physical, social-emotional, language)?
2. **RQ2:** How do developmental delays differ across various socio-demographic groups (e.g., socioeconomic status, geographic location, gender, age, etc.)? At what screening age was the development delay identified?
3. **RQ3:** What proportion of children with development delays have shown improvement overtime? Is the improvement greater among children who attended higher number of P2P/C4CD Plus group sessions?
4. **RQ4:** What are the factors hindering or enabling the regular uptake of screening and referral services from the HAs, district hospitals and parents' perspectives?
5. **RQ5:** Are children with disabilities and caregivers with disabilities included in the group sessions? What are the barriers and levers to their participation?
6. **RQ6**: Have playful parenting interventions contributed to overcoming developmental delays in children?
7. **RQ7:** What is the quality of recording and reporting system of group and individual playful parenting interventions?

Table1: Proposed study sample size:

Sl. No.	Study Type	Districts	Health Centers
1	Quantitative Study	All 20 districts	All the health centers
2	Qualitative Study	- Parents/caregivers of children identified with developmental delays (needs further assessment) - HAs - DHOs - CMOs - Physios	

6. DATA SOURCES

6.1 Secondary Data

For the secondary data analysis, the study will primarily utilize Developmental Milestone Screening data from Health Management Information System (HMIS). To effectively capture key contextual factors, a secondary data compilation standardization tool will be developed and employed to collect information on educational background, and socio-economic status (SES) of parents of children birth to age three across all the health centers. This approach will enable us to explore the relationship between these variables and developmental outcomes, providing a more comprehensive understanding of the factors influencing child development.

6.2 Primary Data

Primary data will be collected through In-depth Interviews (IDI) with selected caregivers who have experienced Developmental Milestone Screening services and how practicing P2P/C4CD Plus interventions have contributed to improvements in their child's skills and abilities. Additionally Key Informant Interviews (KII) ability with health service providers will be conducted to understand the opportunities and contextual challenges in making DMS screening services available to caregivers in the health settings. The study participants will mainly be the caregivers, health assistants, DHOs, CMOs and physios.

6.3 Data analysis

Data collected during the study must facilitate disaggregation by sex, age, and location wherever possible. The team should also indicate how data triangulation will be carried out.

A range of project documentation will be made available to the study team that provides information about the design, implementation, and operation of the project. The study team is required to adhere to the Save the Children Child Safeguarding; Protection from Sexual Exploitation and Abuse; Anti-Harassment, Intimidation and Bullying; and Data Protection and Privacy policies throughout the evaluation process.

6.4 Ethical Considerations

It is expected that this study will be:

- The study will obtain ethical clearance from SCI and local IRB will be obtained from KGUMSB.
- **Child participatory**. Where appropriate and safe, children should be supported to participate in the evaluation process beyond simply being respondents. Opportunities for collaborative participation could include involving children in determining success criteria against which the project could be evaluated, supporting children to collect some of the data required for the evaluation themselves, or involving children in the validation of findings. Any child participation, whether consultative, collaborative or child-led, must abide by the 9 Basic Requirements for meaningful and ethical child participation.
- **Ethical**: The study must be guided by the following ethical considerations:

- Safeguarding – demonstrating the highest standards of behavior towards children and adults.
- Sensitive – to child rights, gender, inclusion, and cultural contexts.
- Openness - of information given, to the highest possible degree to all involved parties.
- Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.[2]
- Public access - to the results when there are not special considerations against this.
- Broad participation - the relevant parties should be involved where possible.
- Reliability and independence - the study should be conducted so that findings and conclusions are correct and trustworthy.

It is expected that:

- Data collection methods will be age and gender appropriate.
- Study activities will provide a safe, creative space where children feel that their thoughts and ideas are important.
- A risk assessment will be conducted that includes any risks related to children, young people's, or adult's participation.
- A referral mechanism will be in place in case any child safeguarding, or protection issues arise.
- Informed consent will be used.

7. EXPECTED DELIVERABLES

The expected consultancy period is for 55 days (including weekends). The study deliverables and tentative timeline (subject to the commencement date of the study) are outlined below. The study team lead, and SC study Project Manager will agree on final milestones and deadlines at the inception phase.

Deliverables and Tentative Timeline

Deliverable / Milestones	**Timeline**
The consultant will submit an **inception report*** including: ▪ Study objectives, scope, literature/secondary data review and key study questions. ▪ Description of the methodology, including study design, data collection methods, sampling strategy, and data analysis. ▪ Ethical considerations including details on consent. ▪ Approach to undertaking and completing the assignment. ▪ Key deliverables, responsibilities, and timelines (workplan).	3 Days

[2] If any Consultancy Service Provider, Freelancer or Contingent worker will have direct contact with children and/or vulnerable adults and/or beneficiaries and/or have access to any sensitive data on safeguarding and/or children and/or beneficiaries, it is the responsibility of the person receiving the consulting service to contact the local HR team and child safeguarding focal point to ensure vetting checks and on-boarding are conducted in line with statutory requirements, local policies and best practices guidance.

Finalized study protocol, method and data collection tools. ▪ Finalize study protocol/sampling, study sites and method in consultation with Ministry of Health, KGUMSB and Save the Children. ▪ Draft and finalize data collection tools including secondary data compilation tool and primary data collection tool for In-depth Interview (IDI) and Key Informant Interview (KII).	12 Days
Submit training materials for training of data collectors ▪ Prepare necessary training materials in line with the study protocol and tools.	
Training and Field Data Collection ▪ Training of data collectors using the training materials developed. ▪ Pilot test the data collection tools. ▪ Training of data collectors and data collection plan finalized. ▪ Brief training report submitted.	4 Days
Supervision of data collection sites ▪ Provide overall supervision and support during data collection. ▪ Ensure the quality of secondary data collected. ▪ Visit selected sites to monitor the quality of data collection especially in sites where qualitative survey is being administered.	10 Days
Data compilation and analysis ▪ Compile and clean the data collected using appropriate software. ▪ Analyze the data compiled as per the data analysis plan. ▪ Share the initial outputs of initial analysis.	12 Days
Submit the draft study report that includes ▪ Executive summary, background/introduction, method, findings, discussion, limitations and conclusion. ▪ Share/present the draft to all the stakeholders for review and input.	14 Days
Submit the Final Study Report and a brief assignment completion report ▪ Finalize the report incorporating the feedback and inputs received on the draft report within one week. ▪ Submit the final study/assessment report with acceptable formatting and layout. ▪ Submit a brief assignment completion report highlighting the achievement of each deliverable.	

*All reports are to use the Save the Children format including font, and other branding requirements.

All documents are to be produced in MS Word format and provided electronically by email to the P2P team. Copies of all PowerPoint presentations used to facilitate briefings for the project should also be provided to Save the Children in editable digital format.

8. REPORTING AND GOVERNANCE

SC Bhutan will form a research group with representatives from DoPH MoH, KGUMSB and SC to provide technical support and to facilitate the process. The researcher (consultant) will

report to working group. The working group will be responsible for approving all the deliverables.

The lead researcher is to provide reporting against the project plan. The following regular reporting and quality review processes will also be used:

A written progress update by email to the research group every fortnight, documenting progress, any emerging issues to be resolved and planned activities for the next month.

9. STUDY MANAGEMENT

The expected consultancy period is for six weeks. Tentative Timeline, with key deliverables in bold. The final timeline and deliverables will be agreed upon in the inception phase.

What	Who is responsible
Call for quotations	HR manager/ IT and Logistics Coordinator
Study tender submissions due	HR manager/ IT and Logistics Coordinator
Tender review and selection of study team	SC, DoPH
Documentation review, desk research	Study Team (Consultant)
Consultation	Study Team (Consultant)
Inception report	Study Team (Consultant)
SCI and Administrative clearance	SC, DoPH
Review of inception report including data collection tools	SC, DoPH
Logistical arrangements	DoPH focal person and SC Project Coordinator
Field Data collection	Study Team (Consultant)
Data management and analysis (coding, transcriptions, data cleaning and analysis)	Study Team (Consultant)
First draft of the final study report	Study Team (Consultant)
Review of first draft report	SC, DoPH, KGUMSB
Final study report and datasets.	Study Team (Consultant)
Knowledge translation materials	Study Team (Consultant)
Presentation on findings by consultant to MoH and other stakeholders	Study Team (Consultant)
Project team meeting to develop Study Response Plan	SC, DoPH, KGUMSB

10.STUDY TEAM AND SELECTION CRITERIA

Interested consultants will be required to submit an Expression of Interest in line with the provided template, which should demonstrate adherence to the following requirements.

Understanding of Requirements and Experience

To be considered, the study team members together must have demonstrated skills, expertise and experience in:

- Experience in conducting qualitative/quantitative research.
- Designing and conducting end of project/outcome evaluations using experimental / quasi-experimental / nonexperimental and or other design.
- Conducting studies in the field of Education particularly in relation to ECCD.
- Leading socio-economic research, evaluations or consultancy work in Bhutanese context that is sensitive to the local context and culture.
- Conducting ethical and inclusive studies involving children and child participatory techniques
- Conducting ethical and inclusive studies involving marginalised, deprived and/or vulnerable groups in culturally appropriate and sensitive ways.
- Experience conducting study in development contexts.
- Strong written and verbal skills in communicating technical and/ or complex findings to non-specialist audiences (especially report writing and presentation skills)
- A track record of open, collaborative working with clients

Financial Proposal

Save the Children seeks value for money in its work. This does not necessarily mean "lowest cost", but quality of the service and reasonableness of the proposed costs. Proposals shall include personnel allocation (role / number of days / daily rates / taxes), as well as any other applicable costs.

11. SCHEDULE OF PAYMENT

The following payments will be made to the consultant using and agreed mode of payment.

- Upon approval of inception report and tools: [20%]
- Upon submission of First Draft study Report: [30%]
- Upon approval of final study report: [50%]

12. HOW TO APPLY

If interested in applying for this study, please refer to the Consultant EOI Form. Contact person for this study is tashi.zomba@savethechildren.org

ToR prepared by:	Tshetrim Tobgay
ToR approved by:	
Date of sign off:	