



TERMS OF REFERENCE (TOR)

POSTPARTUM FAMILY PLANNING RESEARCH FOR THE BORN PROJECT

MARCH 10TH, 2017

ToR Information Sheet	
Title	Postpartum Family Planning (PPFP) Research for the Bauchi Opportunities for Responsive Neonatal & Maternal Health (BORN) Project
Date of Issuance	March 10 th , 2017
Date Questions Due	Questions related to the technical and cost proposal aspects of the ToR may be directed to Rudy Broers, Plan International Canada Senior Monitoring & Evaluation Advisor, at RBroers@plancanada.ca at any time during the bidding process up to March 28 th , to ensure that responses can be shared with all applicants
Date Proposals Due	No later than April 5 th , 2017
Method for Submitting Proposals	Proposals should be submitted electronically to RBroers@plancanada.ca . Please use the subject line "Full Proposal – BORN PPFP Research"
Cost Proposal Validity	Payment will be done in Nigerian NAIRA and available budget cannot exceed Naira 21,500,000. Applicants must agree to maintain the validity of the prices in their cost proposals, unless otherwise noted
Selection Method	Technical proposal (70%) and financial proposal and budget breakdown (30%)
Expected Date for Research Partner to Begin Services	April 2017



SUMMARY OF ASSIGNMENT

The research partner (RP) will serve as the lead technical coordinator for a 2.5-year research study on postpartum family planning (PPFP) for the Bauchi Opportunities for Responsive Neonatal & Maternal Health (BORN) project.

The RP will be responsible for:

- Research design, including tools and methodology
- Ensuring quality data is collected, cleaned, compiled and entered
- Processing and analysis of all data
- Report writing

As research and data collection will take place in Nigeria, all proposals require a significant locally based presence.

The main objectives of the consultancy are to:

- I. Ensure that research is appropriately designed and tools and data collection protocols developed (**Inception Report**);
- II. Support data collection, including recruitment, training and supervision of data collectors
- III. Ensure that research is effectively implemented following the highest quality and ethical standards;
- IV. Complete ongoing data verification, analysis and sharing of key results in short **Summary Reports** after each period of data collection so that findings may be utilized for programmatic purposes within the timeframe of the project;
- V. Complete a **Final Research Report** presenting all processed data and providing both an interpretation of research results as well as recommendations.

1. INTRODUCTION

Plan International is requesting proposals from qualified research institutions to support rigorous research on the topic of postpartum family planning (PPFP) in Bauchi, Nigeria, through the Bauchi Opportunities for Responsive Neonatal and Maternal Health (BORN) Project¹.

2. THE RESEARCH OBJECTIVES

The BORN research study aims to better understand or test the factors that encourage uptake and sustained use of modern family planning methods among postpartum adolescent mothers (15-19) and mothers 20-49 in Bauchi State, Nigeria, with a focus on both the BORN intervention areas as well as non-project comparison areas in Bauchi.

The study is expected to respond to the following **research question**: Which specific interventions* during and post pregnancy, improve not only uptake but also continuation of modern family planning methods for birth delaying and spacing?

***Key program interventions of BORN include:**

- Family planning (FP) counseling during antenatal care (ANC), postnatal care (PNC), or coupled with other interventions such as immunization, and community sensitization (disaggregated by the quantity and quality of information provided, the number of contacts)

¹ For background on the BORN project, including the project's gender transformative approach and PPFP (as provided in the call for Expressions of Interest), please see Annex A.

with the pregnant women, and the presence of male partners or family members during FP counseling)

- Overall interventions related to male engagement and female decision-making within the context of sexual and reproductive health/maternal and newborn health
- Other key interventions related to family planning (for the RP to suggest/refine in their proposal)²

The proposed **research hypothesis** is that family planning interventions that directly engage not only pregnant women/new mothers but also their male spouses are more effective at promoting usage of modern family planning methods, including not only uptake but also continuation of methods for one to two years.³ Other hypothesis which respond to the core research question will be considered based on a clear proposal and justification provided.

This includes exploring correlations between male engagement and uptake/continuation of PFP, as well as correlations between specific interventions (PFP counselling during ANC, at PNC, etc) and uptake/continuation of PFP.

The study is expected to distinguish between the experience of adolescent mothers aged 15-19 as compared with mothers aged 20-49, with a focus on each of uptake, delaying and spacing, including both desired and achieved timing and spacing of pregnancies during the first, second and third data collection periods.

3. ROLES AND RESPONSIBILITIES OF THE RESEARCH PARTNER

- In collaboration with Bauchi State Ministry of Health, Plan International Canada and Plan International Nigeria, finalize research questions, sampling strategy, methodology and tools
- Determine sites for intervention and comparison areas as necessary
- Prepare the data collector training⁴
- Develop data quality protocols to guide data collection/ entry, including spot checking protocols
- Submit an inception report outlining agreed upon research elements highlighted above and suitable for any government/ethics review process
- Ensure recruitment, training, and supervision of data collectors
- Develop data entry guidelines for data entry and data collection to ensure data quality
- Pilot and review initial data entry (before data collection/entry has been completed) to ensure data quality and consistency
- Write draft and final reports (including a gender analysis of the data), including brief summary reports after the first two data collection periods (2017 and 2018) and a detailed research report at the end of the study (2019), incorporating feedback from Plan International Canada and Plan International Nigeria

4. SCOPE

The research entails 2.5 years of collaboration, with the expectation that the successful applicant will be engaged for a period of approximately 2 months in each of 2017⁵, 2018, and 2019, with all activities to be completed by December 31st, 2019.

² Please see Annex C for information on the project outcomes

³ The difference in the timing/quality of interventions (during ANC, PNC, with child immunization, etc) should be explored as a key influencing factor.

⁴ All trainings must include Gender Equality and Child Protection sessions, to be facilitated by Plan International Nigeria

A part-time commitment is expected over a period of 2-3 months each year, including finalization of research methods/tools/training, data collection and reporting, with minimal effort required between data collection periods.

5. METHODOLOGY

The overall methodology is intended to be longitudinal, with the detailed methodology, including sample size, to be established and detailed by the RP in the proposal. The methodology should include mixed-methods primary data collection with a preference for both an intervention and a comparison group.

The expectation is that the research will focus on uptake of modern family planning methods in the first year and continuation of these methods for birth delaying and spacing during the second and third years of the research.

To the full extent possible, the study should expressly distinguish between the experience of adolescent mothers aged 15-19 as compared with mothers aged 20-49. Other important disaggregation includes:

- The experience of first time mothers regarding uptake and continuation of family planning methods
- The experience of women in monogamous marriages compared with those in polygamous marriages

In addition to the above research question, the data may also capture which modern family planning methods are more acceptable for each of the above groups, as well as actual and preferred source for obtaining contraceptives and family planning information.

Additionally, the research is expected to document any intended or unintended harms or benefits experienced by the adolescent girls and women as a result of engaging in family planning (ie. how her husband and other family members responded) and whether interventions focused on male engagement played a role in mitigating negative consequences or reinforcing positive behaviour. This is in addition to exploring to what extent male support/engagement is linked with the attainment of PFP outcomes or other benefits.

Overall the proposal methodology section should include the following:

- A detailed research methodology, including rationale for choosing outlined methodology, and strategy based on information available.
- Sampling strategy and proposed sample size for both intervention and comparison groups based on the population assumptions in Annex B, including the detailed sample size calculation. Sample size may be revisited during the inception phase and finalized in the inception report. As adolescent maternal and sexual reproductive health is one of the key focuses of this project, sampling methodology should equally focus on both adolescent mothers aged 15-19 and mothers aged 20-49.
- The types of statistical analyses (linking interventions, including male engagement, with PFP outcomes) which will be carried out in the study, as well as detailed data quality assurance procedures, including a precautionary strategy to manage sample size, avoid issues around drop-out and address timeline validity.
- Preferred method and data analysis software for qualitative data

⁵ In 2017 data collection is expected to take place within the months of July, August or September. Provision of an inception report, including all tools and protocols, will be required earlier in the year to permit sufficient time to obtain all necessary research ethics approvals.

6. KEY DELIVERABLES AND TIMEFRAME

DELIVERABLE	TIMEFRAME
Submit proposal (deadline) (contract to be awarded by April 19 th , 2017)	April 5 th , 2017
Participate in Inception Meeting: Inception meeting with Plan International Monitoring & Evaluation staff and members of Bauchi State Ministry of Health	April 24 th , 2017
Draft Inception Report⁶ including: finalized research questions, methodology (including sample size & sites) and tools; a brief literature review, ensuring alignment of research questions and methods with Government of Nigeria policy and WHO recommendations; detailed work plan with level of effort for each team member; detailed budget including professional fees, expected reimbursables)	May 5 th , 2017
Finalize Inception Report incorporating feedback from Bauchi State Ministry of Health, Plan International Canada and Plan International Nigeria and sufficient for any ethics approval process.	May 19 th 2017 (feedback to be received by May 12 th)
Finalize data collection tools to ensure accurate, consistent data collection, and provide a data collection, entry and management protocols and code book (2018 and 2019 tools will be modified based on the 2017 tools, to ensure that longitudinal data is appropriately collected)	July 2017, July 2018, July 2019*
Ensure quality data collector training/refresher training (training to be held each year)	July 2017, July 2018, July 2019
Oversee data collection	July or August 2017, 2018 and 2019
Review initial data entry to ensure data quality and consistency (preliminary checks conducted before data entry completed)	Between July-September each year
Verify, process and analyze all raw data (including gender analysis)	Between August-October each year
Submit copies of final and cleaned data including any field notes, as well as processed results tables, to Plan International Nigeria and Plan International Canada	Within 1 month of the end of data collection each year
Write draft and final reports , including brief summary reports (with data tables) after the first two data collection periods and a detailed research report (including an integrated gender analysis) at the end of the study, incorporating feedback from Plan International Canada and Plan International Nigeria	Within 1 months of the end of data collection in 2017, 2018 and within 6 weeks of the end of data collection in 2019

**Unless otherwise noted in the proposal, research is expected to take place within the period July, August or September each year—actual dates and number of weeks necessary to be determined based on methodology and budget*

⁶ The inception report is an elaborated version of the initial proposal submitted. An outline for the inception report will be provided to the successful candidate(s) prior to the inception meeting.

7. ETHICS APPROVAL AND DISCLOSURE/OWNERSHIP OF INFORMATION

Full ethical approval will be obtained before the study commences. In accordance with Plan's Research Policy and Standards, this will be obtained in one of three ways as appropriate:

1. In cases where the proposal is submitted by a University or research institution that has an ethics approval process, then that University or research institution may provide approval.
2. In cases where participating countries may require ethics approval from governmental or other regulatory bodies, in such cases ethics approval will be sought by Plan International Nigeria in coordination with the RP.
3. In cases where external ethics approval cannot be obtained, this must be received from the Research and Knowledge Management Team at Plan International.

All ownership and copyright for final data collected is held by Plan International Nigeria and Plan International Canada, although credit for authorship on articles and publications will be shared with the selected institution(s). It is understood and agreed that the RP shall, during and after the effective period of the contract, treat as confidential and not divulge, unless authorized in writing by Plan, any information obtained in the course of the performance of the Contract. Information will be made available for the FP on a need-to-know basis. Any and all necessary field visits will be facilitated by Plan staff.

Partners must disclose in their proposals any situation of actual or potential conflict of interest. Failure to disclose such situations may lead to disqualifying the partner or terminating the contract.

8. SUPERVISION/MANAGEMENT OF ASSIGNMENT

The RP will be required to work closely with the Plan International Nigeria M&E Manager (to be identified at the beginning of the assignment) and Plan International Canada M&E Senior Advisor. The RP will however be directly accountable to the Plan International Canada Acting Vice President, Program Effectiveness and Quality. The RP will keep the Plan International Canada M&E Senior Advisor and the Plan International Nigeria M&E Manager continually informed on the progress of the assignment through updates via email and Skype conferences. Plan International will be involved in the development and refinement of the research design, methodology and tools, field testing of the tools, data analysis, and report development.

9. CHILD PROTECTION AND GENDER EQUALITY

Child Protection

Plan International is committed to actively safeguarding children from harm and ensuring children's rights to protection are fully realized. Plan takes seriously the commitment to promote child safe practices and protect children from harm, abuse, neglect and any form of exploitation as they come into contact with Plan International supported interventions. In addition, we will take positive action to prevent child abusers from becoming involved with Plan International in any way and take stringent measures against any Plan International Staff and/or Associate who abuses a child. Decisions and actions in response to child protection concerns will be guided by the principle of 'the best interests of the child'.



As such, the study must ensure **appropriate, safe, non-discriminatory participation; stressing all children’s views collected; a process of free and un-coerced consent and withdrawal; confidentiality and anonymity of participants.** Environments and working methods should be adapted to children’s capacities; time and resources should be made available to ensure that children are adequately prepared and have the confidence and opportunity to contribute their views. RP are required to provide a statement within their proposal on how they will ensure ethics and child protection in the process of data collection and visits in line with Plan International’s child protection policy. This must also include consideration of any risks related to the study and how these will be mitigated.

Gender Equality Principles

A key expectation for this assignment is ensuring gender-sensitivity and upholding gender equality principles during the conduct of this research in terms of team composition, processes applied during data collection and training of data facilitators.

10. TO APPLY

Proposals should be submitted electronically to Rudy Broers, Senior Monitoring & Evaluation Advisor at RBroers@plancanada.ca no later than end of business day (EST) **April 5th, 2017**. Please use the subject line “Proposal – BORN Research” in your email.

Technical questions related to the ToR are welcome, to be sent to the above email address at any time during the bidding process up to March 28th, to ensure that responses can be shared with all applicants.

To Apply

- A. Detailed **technical proposal**⁷ clearly demonstrating a thorough understanding of this ToR and including the following (70%):
 - i. Description of methodology (see Section 5. Methodology) and how it specifically responds to the research question In particular, if a different research hypothesis is being proposed to answer the research question, this should be specified in detail. (see Section 2. The Research Objectives)
 - ii. Proposed data collection strategy to respond to the research question, including data collection, data analysis and overall data management
 - iii. A proposed timeframe detailing activities and a schedule/work plan (including a Gantt chart)
 - iv. Limitations of the research assignment as described and proposed ways of mitigating these limitations
 - v. Team composition and level of effort of each proposed team member and their experience working on similar assignments
 - vi. A statement on how the RP will ensure ethics, child protection and gender sensitivity in the process of data collection and visits in line with Plan International’s child protection policy.
 - vii. Demonstrated previous experience in similar research and other qualifications outlined in this ToR (see Annex D⁸ for specific criteria).
 - viii. Experience in integrating a gender analysis or a gender lens in analyzing data.

- B. A **financial proposal**⁹ (30%) with a detailed breakdown of costs for the study

⁷ Kindly list the names of the research partner(s) on the *cover page only*.

⁸ Criteria as per the EOI



- i. Itemized consultancy fees/costs
 - ii. Estimated field mission expenses
 - iii. Itemized administrative expenses
 - iv. Validity period of quotations
- C. The CV(s) of the proposed principal investigator(s) and key research staff **(if an EOI was previously submitted, it is not necessary to provide this a second time, unless information has changed)**
- D. 1-2 writing samples of relevant, published work. **(if an EOI was previously submitted, it is not necessary to provide this a second time)**
- E. Names and contact information of three **references** who can be contacted regarding relevant experience
- F. **A Consulting Firm profile** (if applicable).

⁹ As above

ANNEX A

1. Background on the BORN Project

Plan International Canada and Plan International Nigeria launched the BORN (Bauchi Opportunities for Responsive Neonatal and Maternal Health), initiative in Bauchi State, Nigeria in 2016. This four and a half year, \$13.786 million CAD project is funded by Global Affairs Canada Bilateral Branch (\$12.2 million CAD) and individual Canadian donors (\$1.586 million CAD). BORN is a gender transformative project that will contribute to the reduction of maternal and neonatal mortality among the most marginalized and vulnerable women and newborns in targeted regions. To achieve the project's ambitious goals, the quality, availability, utilization and accountability of essential maternal, neonatal, and family planning services will be improved in remote, underserved regions. Plan International Nigeria, with the support of Plan International Canada, is implementing the project in partnership with the Bauchi State and Nigerian Federal Ministries of Health, the State Primary Health Care Development Agency, the Bauchi State and Nigerian Federal Ministries of Women Affairs and two NGO partners: Planned Parenthood Federation of Nigeria and Community Initiative for the Promotion of Health and Education Sectors (CIPHRES).

BORN is implemented in 10 of the 20 Local Government Areas of **Bauchi State**, where maternal, newborn and child health indicators are among the worst in Nigeria. Given that Bauchi State has high levels of poverty, there are **vast inequalities in availability, access and utilization of quality MNCH services** for women, adolescent girls and children. **Pervasive gender-related issues and barriers** are also contributing factors to the lack of access and utilization of these services. By taking a gender transformative approach, the BORN project will contribute to the reduction of maternal and neonatal mortality by addressing barriers at the household, community and facility level. BORN specifically targets vulnerable and marginalized women, particularly adolescent girls and their children, and aims to reach an estimated 2 million women, girls, boys and men as direct beneficiaries.

BORN uses a three-pronged approach to address the **demand for, supply of, and accountability of** MNH/SRH, including family planning (FP), services. The expected outcomes of the project are:

- I. **Demand:** Improved utilization of basic and targeted maternal and neonatal health (MNH)/sexual reproductive health (SRH) services among women of reproductive age (WRA), and male community members
- II. **Supply:** Improved quality of gender responsive and adolescent friendly maternal, neonatal and sexual and reproductive health services, including family planning services, for WRA, newborns and male community members
- III. **Accountability:** Improved local health governance systems to ensure high quality, gender responsive and result oriented maternal and neonatal health (MNH)/sexual reproductive health (SRH) services

BORN integrates **gender equality** into every aspect of the project using 3 gender transformative strategies to improve the condition and position of women and girls:

- I. Strengthening gender responsive and adolescent friendly MNCH and sexual and reproductive health service provision;
- II. Engaging men and boys in MNH/SRH (including adolescent SRH) for optimal results; and,
- III. Empowering women and girls' to increase their decision-making capacity in the private and public domains for improved MNH/SRH, including FP, utilization.

2. The Research Component



Beginning in 2017, the project includes a research component on the topic of postpartum family planning. Postpartum family planning (PPFP) refers to the prevention of unintended and closely spaced pregnancies through the **first 12 months** following childbirth¹⁰, and has been flagged as a research priority by the World Health Organization.¹¹ Considered to be among the highest population of women with unmet need for family planning, new mothers often do not receive the information and services needed to reduce unwanted pregnancies and to practice birth spacing and delaying due to several factors including gender related factors. Increasing PPFP has the potential to contribute to the Family Planning 2020 goals, and to the achievement of universal access to sexual and reproductive health rights as outlined in the SDGs.

The research is expected to investigate how specific interventions during and post pregnancy as well as key factors such as male engagement and female decision-making influence not only uptake, but also continuation of modern family planning methods for birth delaying and spacing. The research, to take place with both an intervention and a comparison group, is expected to distinguish between the experience of adolescent mothers as compared with mothers aged 20-49, and to document any intended or unintended harms or benefits experienced by the adolescent girls and women as a result of engaging in family planning (ie. how her husband and in-laws responded) and whether male engagement played a role in mitigating negative consequences.

¹⁰ WHO. 2013. WHO Programming Strategies for Postpartum Family Planning

¹¹ Gaffield ME, Egan S, Temmerman M. 2014. It's about time: WHO and partners release programming strategies for postpartum family planning. *Glob Health Sci Pract.*, 2(1):4-9.

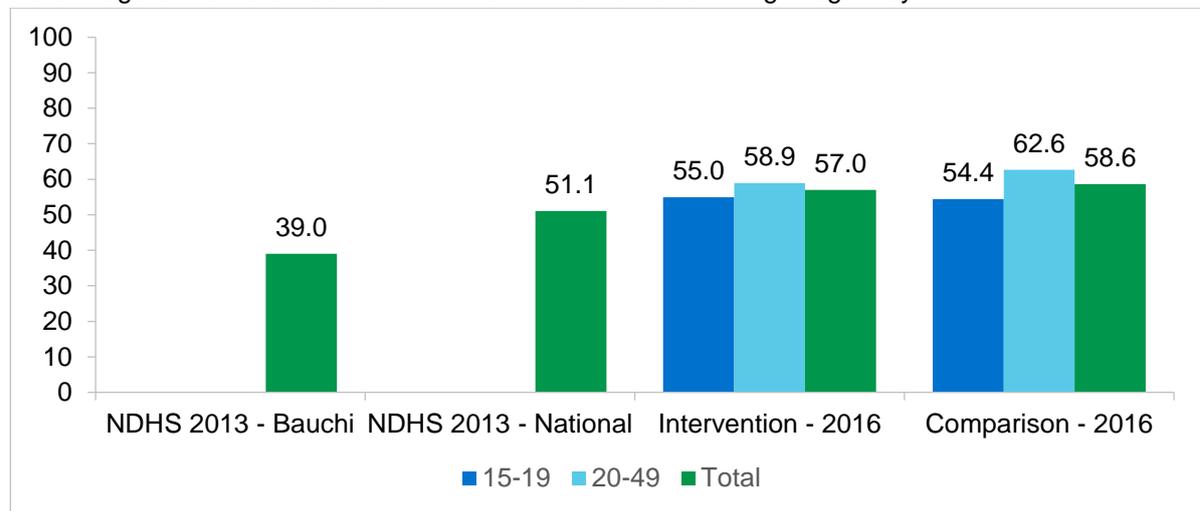
ANNEX B

BORN PROJECT INTERVENTION AREAS AND ESTIMATED POPULATION

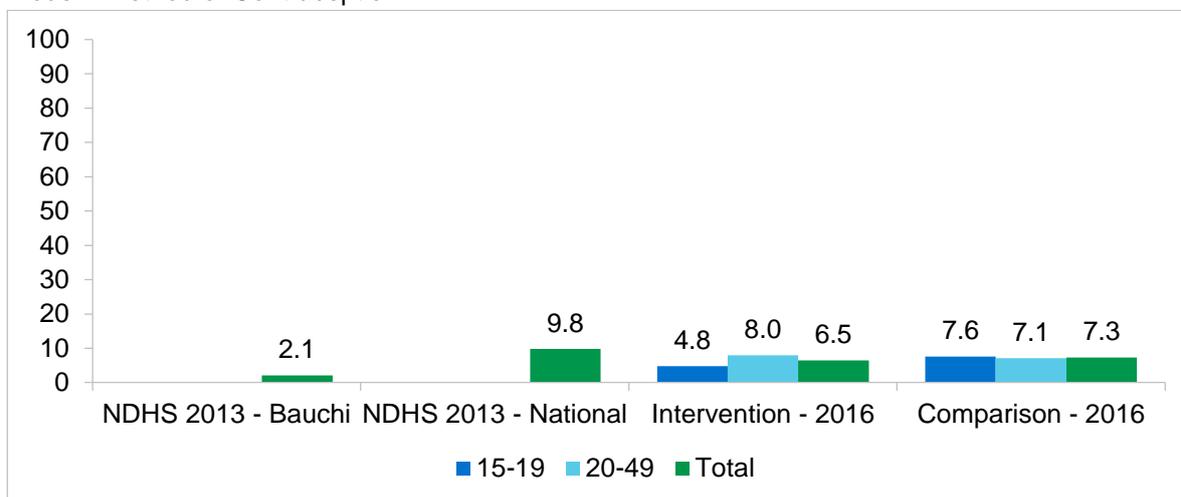
Nigeria Bauchi LGAs	# of Wards	# Intervention Facilities	15-19	20-49
Bauchi	20	37	30,034	118,132
Darazo	17	20	14,176	55,758
Dass	13	16	5,072	19,951
Gamawa	18	18	16,125	63,424
Jama'are	13	13	6,647	26,147
Katagum	20	20	17,112	67,309
Kirfi	13	27	8,303	32,657
Misau	16	16	15,297	60,169
Ningi	18	18	21,811	85,790
Toro	17	34	20,183	79,385
Total	165	219	203,000	800,000

BORN PROJECT BASELINE STUDY (2016) – KEY RESULTS

Percentage of Mothers Received 4+ Antenatal Care Visits during Pregnancy



Percentage of Women 15-49 in Union with child under 2 years of age who are currently Using a Modern Method of Contraception



Percentage of mothers and percentage of babies who received postnatal care within two days of childbirth (disaggregated by age)

	NDHS 2013 (Bauchi)	Intervention	Comparison
15-19		21.5	24.6
20-49		26.6	22.1
Total	38.6		
WRA		24.2	23.3
Girls		25.3	22.8
Boys		23.0	23.9
Total Children		24.2	23.3



ANNEX C PROJECT OUTCOMES

PROJECT ULTIMATE OUTCOME:

1000 Contribute to the reduction of maternal and neonatal mortality in targeted regions among the most marginalized and vulnerable women and newborns.

PROJECT INTERMEDIATE OUTCOMES

1100 Improved utilization of basic and targeted maternal and neonatal health (MNH)/Sexual Reproductive Health (SRH) services among WRA, and male community members

1200 Improved quality of maternal, neonatal and sexual and reproductive health services, including family planning services, for WRA, newborns and male community members

1300 Improved local health governance systems ensure high quality, gender responsive and result oriented maternal and neonatal health (MNH)/Sexual Reproductive Health (SRH) services.

PROJECT IMMEDIATE OUTCOMES

1110 Improved knowledge of basic and targeted maternal and neonatal health (MNH)/Sexual Reproductive Health and Rights (SRHR) issues and services among WRA, and male community members

1120 Improved knowledge of FP, incl. delaying and spacing pregnancy, among WRA and male partners

1130 Increased social capital and enabling space for women and men to make informed decisions on MNH/SRH, including FP (delaying and spacing)

1210 Enhanced capacity of local health service providers and community health workers to roll out appropriate FP services

1220 Improved availability of FP commodities, MNH/SRH related essential medicines and equipment including environmentally friendly waste management resources

1230 Improved capacity of health service providers to roll out gender responsive and adolescent friendly MNH/SRH services and referrals

1310 Increased capacity and inclusiveness of health governance structures to coordinate, plan, and implement gender responsive, evidence-based MNH/SRHR interventions

ANNEX D EXPECTED EXPERIENCE & EXPERTISE

Criterion	Description (as per the EOI)
Technical Capability – Subject Matter	<ul style="list-style-type: none"> • Expertise/experience in areas including sexual reproductive health, maternal and newborn health, and postpartum family planning • Expertise/experience on topics related to gender equality, including male engagement and engagement of adolescent girls and boys
Technical Capability – Research Methods	<ul style="list-style-type: none"> • Globally or regionally-recognized expertise in designing and conducting similar research activities as those outlined in this Call for EOI • Demonstrated capacity in designing research appropriate methodologies for practical MNCH research; • Demonstrated knowledge of how to effectively integrate gender equality, inclusion and adolescent participation into research activities
Contextual expertise in West Africa	<ul style="list-style-type: none"> • Experience working in Nigeria or similar contexts in west Africa • Experience working in a collaborative environment with research partners • Experience working within government health systems.
Operational Capability	<ul style="list-style-type: none"> • Clear capacity in managing the operational aspects (finance, administration, logistics, IT, HR, etc.) of multi-year research projects • Demonstrated track record of conducting research activities in challenging real-world environments
Published Writing Samples	<ul style="list-style-type: none"> • Evidence of clear, concise and powerful communication in written English • Technical rigor of the published work
Total:	