

REQUEST FOR PROPOSALS (RFP)



Assessment of Marie Stopes International Nepal's (MSI Nepal) current brand perception and the sustainable impact of MSI Nepal's market shaping activities

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1. Background

Sunaulo Parivar Nepal (SPN), a local implementing partner of Marie Stopes International in Nepal, is a well-established NGO which is delivering a comprehensive package of services including safe abortion services, family planning services and range of other sexual and reproductive health services since 1994 via different service delivery channels: 22 Marie Stopes Centres, roaming nurse (MS Ladies), mobile outreach teams and social marketing. SPN works to strengthen public sector services across Nepal. SPN's focus is on providing all clients with a comfortable and reassuring experience wherever and whenever they visit us.

SPN's 22 Marie Stopes Centres set the standard for the quality of services provided in the other service delivery models. Centres are staffed by teams of qualified and enthusiastic professionals and are committed to providing best possible care for every client. It is also in the centres that SPN can ensure access to both medical and surgical options for abortion care services as centres have the infrastructure and are staffed by eligible, trained medical providers.

To ensure sustainable access to services in MSI Nepal centres across the global partnership, MSI has been working swiftly to shift centres to a commercially viable model. This has meant increasing prices as well as meeting market demands for the type of services offered and the look and feel of the centres. In Marie Stopes centres this has meant steady annual price increases for services offered in the centres, including abortion services as well as most recently a national marketing campaign called 'Every Stage of Women' aimed at increasing brand recognition and footfall in the centres. Marie Stopes centre has expanded services through a campaign 'Every Stage of Women' to offer a wider range of reproductive healthcare, from menstruation counselling and STI screening and treatment, to cervical cancer screening and treatment, and fertility and menopause support.

The SPN team has observed varied correlative impacts of these efforts, with some centres seeing continued decreasing volumes of clients, including abortion and post-abortion care clients in their centres, whereas others have observed positive increased volumes of clients and resulting positive effects on financial sustainability indicators. Marie Stopes centre wishes to understand the factors influencing the trends observed in abortion care client and other SRH integrated services client volumes across the centres, including how and why the marketing campaign has influenced current clients and potential clients' decisions to visit a Marie Stopes centre for their abortion care, as well as the broader brand perception of Marie Stopes centre and how they are currently positioned in the sexual and reproductive health services market to inform future effective market shaping activities aimed at expanding access to safe abortion and SRH services in Nepal.

Previous studies on access to abortion have shown that clients will often access a range of informal and formal service providers and this pattern of treatment-seeking in the informal sector is a strong contributor to maternal mortality. Market shaping studies can yield valuable insights that offer the promise of directing people in the market away from low quality or even dangerous sources of care, or by improving health governance and oversight to eliminate unsafe providers. In addition, numerous studies on women and girls' use of the informal abortion sector have found that they will often pay equivalent or higher amounts for less safe or unregulated abortion services. This suggests that there is immense potential in terms of demand-side interventions to better direct women and girls to safer and lower cost providers. The benefits of this would be both better health outcomes and a reduction in out of pocket and crisis health payments.

MSI Reproductive Choices (MSI) has developed a total market assessment (TMA) protocol for abortion and post-abortion protocol that has now been rolled out in three (3) African contexts. This assessment would build on this current protocol (made available to consultants following signature of contract) and weave in existing internal MSI health management information system (HMIS) data and evidence and any existing recent (last 10 years) related external data (both national and local) to supplement the evidence captured through primary data collection. It will also be important to refer to historic data to understand how the market has evolved over the last two decades and offer predictions for future trends that should be accounted for in any market shaping activities.

The proposed context of this study is 1 peri-urban, and 1 urban area in Kathmandu and possibly Province 2 or it could be few centres from each cluster (budget depending based on initial proposal).

2. Objectives and proposed research question

The primary objective of the proposed study is to complete a comprehensive assessment of Marie Stopes brand reputation in the sexual and reproductive health service provision market in Nepal, with a focus on understanding the drivers of client footfall for abortion care and other SRH services in Marie Stopes centres. A key outcome of this research will be informing further market shaping activities that can be undertaken by SPN and increase access to safe abortion and post-abortion care in Nepal.

The specific research questions and resulting focus of the study will be refined following initial stakeholder consultation with SPN at the start of the consultant engagement before finalising the refined protocol for this study. Draft research questions co-created with the SPN team include:

Brand perception & effective marketing strategies

- How do potential clients in Nepal (women of reproductive age) perceive the MSI brand? How does this differ by different segments of potential clients (i.e. older or younger women, rural and urban women)?
- How is the MSI brand perceived by key influencers and referral points in women's sexual and reproductive health care seeking trajectory, including for abortion care services?
- What do women, key influencers and referral points want from the MSI brand? How can SPN effectively reposition our brand to drive sustainability within the context of Nepal?
- What is the best medium to reach clients with SRH related information?
- Is the current Demand Generation Coordinator strategy effective to reach grass root level clients or direct beneficiaries?

Current market dynamics

- Where are women going for sexual and reproductive health services (public or private access points, formal or informal access points, in-facility, or self-managed care) and how has this changed over the last decade?
- What is current clients' potential clients' awareness and attitudes towards a wide range of SRH services and how can SPN effectively support integrated SRH service use in Marie Stopes centre private facilities?
- How are women aware of the different abortion care options and what shapes their preference for one option over another? What do clients want from an abortion care service?

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- What methods of abortion care (medical or surgical) and at what gestational age are women accessing services and how has this changed over the last decade? Where are women currently going for 12–14-week gestational age services, how are they aware of the different options and what shapes their preference for one option over another? Do they want Marie Stopes centre to provide these services?
- What is driving abortion services and other SRH client footfall to some Marie Stopes centres and not others?
- Are centres in ideal locations? Which services are fit for which centres based on the location and unique market context?
- How do Marie Stopes centre prices compare to other service providers? How if at all do other service providers bundle our services and is this effective at attracting clients?

External market shaping trends.

- What are key macro trends in healthcare behaviours and market access that SPN must be aware of when designing and implementing future SRH and abortion care access market shaping activities?
- How can we understand the behaviour of clients on the use of emergency contraception vs early abortion care services (i.e. how might use of emergency contraception, especially among adolescents, be shaping demand and use of abortion care services?)

3. Scope of work

The consultant(s) will be responsible to conduct the full assessment, from protocol development, data collection to dissemination with the work to be completed by third week of April 2025 (specific timelines discussed following proposal submission). The main responsibilities will include:

- **Develop protocol and obtain necessary ethics approval:** The consultant(s) will be responsible for putting together a study protocol, drawing on the MSI TMA protocol as relevant. The protocol should include all the information required to obtain ethical approval by an accredited national IRB including complete study tools and translating these as needed. Based on final methodology, submission to MSI's global independent ethical review committee (ERC) may be necessary. In this case, this submission process will be supported by the MSI study support lead.
- **Finalise study tools:** The agency will lead the refinement of data collection tools, again drawing on those available in MSI's global TMA protocol toolkit as relevant, but adapting these for the Bangladesh context as needed, leading any required translation into local languages, and pre-testing and piloting all tools. They will also develop monitoring tools and mechanisms for checking and maintaining data quality.
- **Manage data collection:** The consultant(s) will be responsible for hiring, training, mobilization, and management of end-to-end data collection. They are also required to develop field monitoring and supervision plans for the data collectors, mechanisms for data quality checks and provide reports based on monitoring visits to the data collection sites on an agreed upon frequency. MSI does also require conducting additional values clarifications and attitudes transformation (VCAT) training with data collectors as part of their data collection training. MSI's resources can be provided to support this as needed.
- **Manage data analysis and develop actionable programmatic recommendations:** The agency must undertake data analysis including data cleaning, transcription and translation, data analysis and present key findings and practical recommendations. These recommendations should be provided at various timepoints throughout the evaluation to support input and validation from key MSI stakeholders and then developed into a comprehensive report in consultation with MSI/ SPN.
- **Manage dissemination:** The agency is responsible for leading the dissemination, a results validation workshop with key stakeholders to support a participatory approach to refining results and recommendations, a session to share results (PPT output, no more than 30 slides), learning brief (4

pager PPT or Factsheet sheet format) and a final report (Word/PDF format, no more than 35 pages excluding annexes with clear executive summary).

4. Proposed Methodology

The proposed methodology will draw on methods from MSI's established TMA for abortion and post-abortion care protocol. The proposed study will involve (with flexibility to adapt based on consultant(s) recommendations):

1. **A rapid mapping and cross-sectional survey of health facilities** / service delivery points (formal and informal, including lower-level providers such as pharmacies and CBMs) that provide abortion and post-abortion care services in agreed upon geographic locations.

Per the current MSI protocol, the cross-sectional health facility survey (HFS) is administered using snowball sampling and uses previously validated tools which measure abortion and post-abortion care service delivery point characteristics (location, training, and certification) and quality of care of service provided against World Health Organisation (WHO) safety standards. The survey also collects price point data for services provided. Of note, this price and service quality data will be triangulated with the below mystery client and consumer data as previous assessments have highlighted that services providers' do not always accurately report the prices they charge in practice. The questionnaire has also been adapted to measure crude estimates of client load, though in previous experience, this data is subject to limitations.

Geographic locations of service delivery points should be selected to ensure urban-rural representation as much as possible.

2. **Cross-sectional quantitative survey and qualitative interviews** with actual and potential abortion and post-abortion care users to understand abortion care trajectories in the market, such as attitudes, preferences, and actual behaviours regarding how they become aware of a pregnancy, where people go for information regarding abortion and post-abortion care services, where they end up going to access service(s), their perceived and experienced outcomes from the (attempted) abortion, and where, if needed, they go for follow-up care.

This component of the TMA protocol draws on a respondent-driven survey (RDS) approach among women of reproductive age who accessed an abortion or post-abortion care service in the previous 5 years. Additional qualitative follow-up interviews can be conducted to illicit more in-depth insights, depending on desired areas of focus of the TMA.

3. **Rapid review of existing literature and analysis of available health services data (MSI's HMIS and national HMIS data) with a focus on trends in service volumes and abortion method mix by available client demographics and other key factors.**

SPN routinely collects data from all clients who receive abortion care services in an electronic health information management system (HMIS), including the type of method received, gestational age, client demographics, and marketing sources. If possible, to obtain national HMIS data, an analysis of SPN's own client records data at the centre level could be triangulated with an analysis of public sector data from HMIS to understand trends at the service delivery level and understand factors that may be influencing client footfall across Marie Stopes centres.

4. **In-depth pricing analysis drawing on costing data obtained by this study and any other nationally available or published data, looking at costs by numerous factors such as user wealth quintiles, rural/urban location, and quality of services provided:**

The aim of costing analysis would be to analyse the range of pricing in the abortion market against what is known about the poverty levels of the population surrounding the mapped abortion service

providers, and to assess the market accessibility by consumer wealth quintile. If possible, review any existing evidence from peer reviewed journals, nationally available data, or other grey literature.

5. Timeline

The consultant/agency is expected to submit a timeline in their proposal, adhering to the total duration provided for completion of the study.

6. Skills and qualifications

The selected consultant/agency should have at least 10+ years' experience in related research approaches. This includes the preparation of the evaluation protocol, development of study tools, and ensuring confidentiality of data records as well as conducting data analysis and preparing study reports. The firm will have demonstrated experience and capacity to manage coordination, including equipment, materials, and personnel. The firm will preferably have experience in handling sensitive material and information, and in conducting interviews concerning potentially sensitive issues.

The firm must have expertise in sexual and reproductive health and rights (SRHR) and ideally researching abortion-related topics. They must also have a proven record of undertaking research in the Asia region. Preference will be given to research agencies/consultants with an established record of undertaking research in Bangladesh.

Personnel requirements:

- A Team Leader with master's degree (PhD preferred) in Public Health, Epidemiology, Demography or in a relevant field with firsthand experience in leading complex qualitative and quantitative research in the field of SRHR is necessary.
- Field supervisors should have experience in data collection and monitoring of data and should have a degree in public health/nursing or health/social sciences.
- Enumerators should be experienced in collecting data as per the proposed methodology in studies related to SRHR and must have at least a high school degree (bachelor's degree preferred).

Both national and international research agencies, research or consulting institutions and academic groups registered in Nepal are strongly encouraged to apply.

7. Outputs & deliverables

Deliverable 1 – Planning (*due by 30 September 2024*)

- Protocol, work plan and all required data collection tools submitted to SPN for validation.
- Submission for ethical approval by nationally accredited IRB (potentially MSI's independent review board, dependent on methodology).
- Training and data collection plan submitted to SPN.
- Monitoring and supervision plan submitted to SPN.

Deliverable 2 – Implementation (*due by 25 January 2025 – dependent on ethics approval timelines*)

- Data collection completed and data collection report submitted.
- Data analysis framework submitted.

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- Key findings from the preliminary analysis submitted for discussion and validation.

Deliverable 3 – Dissemination *(due by 25 April 2025)*

- Raw and cleaned datasets, analysis syntax and data tables submitted.
- Final study report (no more than 35 pages, excluding Annexes,) with a set of actionable recommendations and clear executive summary submitted.
- PowerPoint presentation containing findings and recommendations presented to SPN.
- Result dissemination events conducted at various timepoints throughout the evaluation to ensure emerging results are informing pilot implementation.

8. Remuneration

The consultant/agency should submit their own budget. If awarded the contract, payment terms will be subjected to negotiation. SPN's standard terms of payment will be done upon completion of each delivery in the following way:

- 30% upon completion of 1st deliverable
- 40% upon completion of 2nd deliverable
- 30% upon completion of 3rd deliverable

The Total Fee is divided up and paid on completion and acceptance of the above deliverables that will be finalised during contracting.

9. Submission of proposals and selection process

Interested consultants/agencies are expected to submit an expression of interest with the following components by 10 September 2024:

- 1. Cover Letter:** Please attach a cover letter stating your interest for this study and submit a list of the requested documents plus any additional supporting documents including **Curriculum Vitae for all lead consultants**.
- 2. Technical Proposal:** Please provide a short technical proposal addressing the above RFP, outlining sufficient detail about the methodology to assess if it would respond to the research questions:
 - **Introduction to the organization and experience in conducting related research:** Please provide a brief 1-2-page introduction about the organization and highlight the organization's experience in working on research studies that are like the current evaluation.
 - **Technical Brief:** This should include:
 - Understanding of SOW and study methodology.
 - Details on approach to data collection tools, testing and validation.
 - Ethical considerations.
 - Proposed workplan with timeline.
 - Data management, analysis, and quality assurance plan.
 - Personnel and qualifications.

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3. **Financial Proposal:** Please provide a comprehensive budget broken down by each activity and including all costs and consultancy fee in Nepali currency and the equivalent local currency for the consultant/agency's location.
4. **Deadline for submission of proposals:** Proposals must be received by 10 September 2024
5. **Modification and withdrawal of proposals:** The Bidder may modify or withdraw its proposal after the proposal's submission, provided that written notice of the modification or withdrawal is received by SPN prior to the deadline prescribed for submission of proposals. The Bidder's withdrawal or modification notice shall be prepared, sealed, marked, and dispatched in accordance with the provisions of SPN. The modification document must be signed and sealed by the same person/authority who submitted original proposal.

No proposal shall be modified after the deadline for submission of proposals. No proposal may be withdrawn in the interval between the deadline for submission of proposals and the expiration of the period of proposal validity specified by the Bidder on the Proposal Submission Form.

6. **Opening and evaluation of proposals:** SPN will open the proposals in the presence of the Procurement Committee. To assist in the examination, evaluation, and comparison of proposals, SPN may at its discretion, ask the Bidder for clarification of its proposal including breakdowns of unit cost.

A proposal, which does not meet the requirements outlined above will be rejected.

7. Evaluation and comparison of proposals

The Procurement Committee will evaluate and compare the proposals which have been determined to be responsive in accordance.

A two-stage procedure is utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being opened and compared. The technical proposal is evaluated based on its responsiveness to the RFP.

The financial proposal will be opened only if they meet the following condition:

- The bidder's proposal passed the minimum technical score of 70% of the obtainable score of 100 points in the evaluation of the technical proposals. In the second stage, the financial proposal of all Bidders, who have attained minimum 70% score in the technical evaluation, will be evaluated.
- 80% weightage will be given to the technical proposal (which pass the minimum technical score of 70%) and 20% weightage will be given to the financial proposal. The contract will be awarded to the Bidder scoring the highest combined scores.

The technical and financial proposals will be evaluated based on the matrix below:

#	Item	Score
1	Understanding of RFP and appropriateness of methodology	30
2	Workplan and timeline	20
3	Data management, analysis, and quality assurance	10
4	Relevant experience of the firm and team composition	20

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5	Budget	20
	Total	100

Please contact Shubhechchha Bhattarai (shubhechchha.bhattarai@mariestopes.org.np) with any questions.