

REQUEST FOR PROPOSAL:

Independent Monitoring of School-Based Mass Drug Administration Campaign in Khyber Pakhtunkhwa

1. BACKGROUND

The World Health Organization (WHO) estimates that over 1.5 billion people are infected globally with soil-transmitted helminths (STH), with 835 million children in need of treatment. A national STH prevalence survey conducted in 2016 found that over 16 million school-age children (SAC; 5-15 years) in Pakistan are at risk of STH and require regular treatment, with an estimated 6.8 million at-risk SAC in 19 districts of Khyber Pakhtunkhwa. The WHO's recommended strategy is to control morbidity caused by STH infections through mass treatment of at-risk populations using safe and effective deworming medicine (mebendazole). Mass deworming programs have focused primarily on mass treatment of SAC as they generally suffer the greatest intensity and morbidity and are particularly susceptible to developmental and behavioural deficits caused by worms; therefore, SAC stand the most to gain from deworming. **School-based mass drug administration** (MDA) campaigns, whereby deworming medication is administered to SAC at schools, are a model proven to cost-effectively treat large numbers of SAC to combat worm infections.

The government of Khyber Pakhtunkhwa (KP) is partnering with Interactive Research and Development (IRD), Indus Health Network (IHN) and Evidence Action to implement a school-based deworming program in all 19 at-risk districts identified by the national STH survey to warrant mass deworming. The school-based deworming program is led by the Health Department Government of KP with key participation from stakeholders, namely: the KP Elementary & Secondary Education Department, Local government & Rural Development Department, Planning & Development, Private Schools Regulatory Authority, Government of KP. A technical assistance partnership of IRD, Indus Health Network and Evidence Action is providing comprehensive technical assistance to the government to initiate, plan, implement and monitor the school-based deworming program.

The first MDA campaign of this program will target 16 of the 19 at-risk districts, and is scheduled to be implemented in the 3rd week of September 2019. Deworming will be implemented in schools in two phases: (i) the main deworming day is scheduled to be implemented on 18th September targeting 4.7 million school age children - SAC (enrolled and non-enrolled) aged 5-14 years of age; and (ii) a 'mop-up' day is scheduled for approximately one week after the main deworming day, targeting children who could not receive deworming medication on the main deworming day. In total, 4,761,774 SAC enrolled at 16,377 government schools and 4,887 private schools across the 16 at-risk districts as well as an estimated 1,400,000 hard to reach SAC (from unregistered private schools and out of school children) who are not enrolled in registered schools in these districts, will be targeted during the MDA. Out of school children will be mobilized and encouraged to visit the nearest school where deworming tablets will be provided to them. At each school, teachers will administer the deworming medication (mebendazole 500mg), and will record class-by-class the number of children who dewormed. Following the mop-up day, the teaching staff at each school will collate the information from each class and complete a reporting form detailing the number of children dewormed in the school which will be submitted to Assistant Sub Divisional Education Officers (ASDEO). The week prior to deworming day, representative teachers will receive training, detailing how they can convey key messages about the deworming

campaign to their students and community, how mebendazole should be administered safely, and how data should be collected.

Monitoring and evaluation (M&E) is an integral component of any large-scale drug-distribution program. For a school-based deworming program, rigorous M&E at all stages of the process allows for issue identification and resolution during program execution, and lessons learned to be applied to decision-making for subsequent deworming rounds. As part of the technical assistance to the Government of KP, IRD, IHN and Evidence Action are providing extensive monitoring of the school-based deworming program to evaluate whether key processes are performed correctly, to verify the accuracy of reported data, and to identify reasons why children may not be reached by the deworming program. We are seeking services of an external and independent monitoring firm that will carry out data collection in line with the outlined scope of work (section 3.). The firm should **NOT** be affiliated to any of implementing bodies (i.e. KP Elementary & Secondary Education Department & Health Department of Government of Khyber Pakhtunkhwa).

2. OBJECTIVES OF INDEPENDENT MONITORING

The main objectives of independent monitoring of the MDA are:

- 1) **To ascertain whether implementation activities happened according to the protocol and as planned:** In this endeavor, a sample of activities (trainings and actual deworming in schools) will be observed and recorded by independent monitors.
- 2) **To ascertain whether distribution channels of drug and other material were effective and timely:** The independent monitors will verify the provision of drugs and materials to teachers/schools, to measure the effectiveness of the distribution channels that have been put in place.
- 3) **To ascertain whether essential knowledge was passed and understood during the training cascade:** The independent monitors will conduct surveys selecting several training participants/teachers to interview to determine their knowledge pre and post-training. This will measure the effectiveness of the training in essential knowledge transfer.
- 4) **To assess the effectiveness of the community mobilization strategies implemented.** The independent monitors will also conduct surveys with the community on deworming day to assess community awareness of deworming as well as effectiveness of the different mobilization approaches.
- 5) **To identify reasons for non-compliance among targeted populations.** Concomitant with the school and community surveys on deworming day, independent monitors will conduct surveys with children and parents aimed at understanding reasons why children were not dewormed.
- 6) **To validate the reported coverage rates among the targeted populations.** Approximately 1 to 2 weeks after mop-up day, the independent monitors will conduct surveys at communities and schools to determine the percentage of the targeted population (children enrolled at each of the school types, as well as out-of-school children in the 5-17 year age group) that received a deworming tablet during the MDA.

3. SCOPE OF WORK

3.1. Overview of Requirements for Independent Monitoring

16 of the 19 at-risk districts of KP that were identified by the national STH survey will participate in the MDA campaign (table 1). For each component of the independent monitoring, the locations to visit will be randomly-selected by the technical assistance partners and provided to the firm upon selection; the firm should be prepared to deploy monitors across all 16 districts.

Training of teachers will take place over a two-week period (currently scheduled for the **1st & 2nd week of September, 2019**). These training sessions will be conducted in each of the 16 districts participating in the MDA, with approximately 931 individual training sessions in total. We require a total of **64 training sessions** to be visited & monitored.

The implementation of the MDA at schools is scheduled to take place on **Wednesday 18th September, 2019**. Administration of mebendazole to SAC will be implemented in a two-phase strategy whereby schools will implement the main deworming day on **18th September**, followed by a mop-up day, one week after the main deworming day. We require a total of **68 schools** to be visited during the first phase of this strategy (mop-up day will not be monitored). For each visited school, interviews will be conducted concomitantly at **3 households** in the nearby local community (a total of 204 households).

The key indicator of the success of a deworming program is the **coverage** – the percentage of the target population that received deworming medication. **Coverage validation** is an important component of the M&E strategy. Following the MDA, we require a total of 120 schools (**60 primary & 60 middle/high schools**) and **3,536 interviews at households level** in 60 segments (30 each district) where brief interviews will be conducted in order to assess the accuracy and reliability of the data reported by teachers, and to understand reasons for children not being dewormed. These surveys must be completed no later than **15th October, 2019** (three weeks following mop-up day)

Table 2 summarizes the monitoring activities required. The specific requirements for each of the three core components of independent monitoring -- monitoring of teacher training, monitoring of deworming day, and coverage validation – are detailed below in sections 3.2 to 3.4. Prior to the field work, all monitors must be trained so that they understand their expected duties. At the end of the field work, the firm must provide all data in electronic format to the technical assistance partners. There is no requirement for the firm to analyse the data. Table 3 summarizes the requirements of the firm over the course of the study.

Table 1: Districts where Monitoring activities will be conducted

DISTRICTS IN KP PARTICIPATING IN MDA	
1	Battagram
2	Haripur
3	Kohistan
4	Torghar
5	Buner
6	Chitral
7	Dir Lower
8	Dir Upper
9	Malakand
10	Shangla
11	Swat
12	Mardan
13	Swabi
14	Charsadda
15	Nowshera
16	Peshawar

Table 2: Monitoring activities required of the survey firm

MONITORING ACTIVITY	OVERVIEW OF MONITORING ACTIVITIES TO BE CONDUCTED	NUMBER OF MONITORING VISITS REQUIRED ^A	DATES FOR MONITORING
Monitoring of training of teachers	Observe training; conduct pre & post interviews with selected trainees	64 training sessions	1st & 2nd week of September, 2019
Monitoring of deworming at schools	Observe drug administration; conduct interviews with head teacher, class teacher, children and health official	68 schools	18th September, 2019
	Conduct interviews with parents at households in the local community	204 households	
Coverage validation at schools & communities	Conduct survey of community to break it down into "segments" of equal size (30 segments in each district)	60 communities	25th September to 15th October, 2019
	Conduct interviews with parents at households in the local community	3536 households	
	Conduct interviews with students at primary school	960 students from 60 schools (16 students per school)	
	Conduct interviews with students at middle/high school	1140 students from 60 schools (19 students per school)	

^A For MDA & training component of independent monitoring, the firm should be prepared to deploy monitors across all 16 at-risk districts.

IRD will provide the firm with the date/time/location of each training session and school to be visited. For household visits on deworming day, the community closest to the selected school will be visited by the independent monitors.

The process of coverage validation should implement in two districts (randomly selected) and begin no earlier than 25th September and must be completed by 15th October, 2019. The firm is free to choose how to mobilize the independent monitors within this time frame.

Table 3: Roles & responsibilities of survey firm and technical assistance partners

Roles performed by survey firm	Roles performed by Technical Assistance partners
<ul style="list-style-type: none"> Recruit the required human resources to undertake the data collection Ensure the recruited monitors are trained and in a position to carry out data collection Obtain the necessary permission for the recruited monitors to carry out data collection in the required districts Convert the data collection tools provided by technical assistance partners into formats that will be used by the monitors in the field (e.g. convert to CAPI-based tool (if needed)) Collect data from all required locations Conduct quality assessments/quality checks during data collection. Provide data in an agreed electronic format to IRD Provide original stamped School Confirmation Forms from each visited school to IRD Provide report to IRD, as per agreed format 	<ul style="list-style-type: none"> Develop and share all the necessary data collection tools Translate survey tools to local language(s) Determine sample sizes Conduct random-selections and provide firm with list of sites to visit Develop and share protocol for coverage validation Orient survey firm's management team on how to conduct independent monitoring and how to use the data collection tools Provide oversight of training of monitors for the monitoring of training of teachers and monitoring of deworming day Train monitors on how to conduct coverage validation Clean the data collected entered by the survey firm Conduct analysis of all data

3.2. Monitoring of Training of Teachers

Teachers will be trained before the MDA (the training will take place in the 1st & 2nd week of September starting from 3rd September to 12th September (excluding Moharam holidays) so they know what exactly is expected of them during the deworming campaign. All targeted schools across the 16 at-risk districts will send at least one representative to the training; upon returning to their schools, the representative teachers who attended training will be expected to inform his/her colleagues about what's involved in the up-coming MDA and what role they will play. These training sessions will be organized by Elementary & Secondary Education Department, government of KP and will be conducted at public & private schools' school *resource centres* or circle offices.

Each session will be conducted by one to two master trainers, with approximately 35-45 trainees present, and will be 0.5 days in length. Some sessions will take place in the morning, others will take place in the afternoon. Training sessions will also be leveraged as a mechanism to provide teachers with the necessary materials needed at schools for the MDA (e.g. deworming tablets, reporting forms, banners and other communication materials, etc.).

We require a total of **64 training sessions** to be visited. The training sessions will be randomly selected by the technical assistance partners and the list will be provided to the firm. The 64 training sessions will be randomly selected to maximize geographical representation, with all 16 districts participating in the MDA represented within the sampling frame. Districts will be requested to conduct trainings during the 1st & 2nd week of September 2019, but they will be free to set their own schedule for training within that time frame (i.e. some districts may spread training sessions across the two weeks, others may conduct them over a more focused window). Upon receiving implementation plans from the districts, IRD will provide the firm with the date/time/location of each training session to be monitored.

The procedure for monitoring training of teachers is shown in figure 1. For each selected training session, each monitor must reach his/her assigned venue at least 30 minutes prior to the scheduled start time. These training sessions are scheduled as 0.5-day sessions, and it is vital that the whole training session is observed from start to finish. Upon arriving at the venue, the monitor will interview the designated facilitator using a short questionnaire provided by the technical assistance partners. Once the training session begins, the monitor will observe the full session, recording their observations on a checklist provided by the technical assistance partners. Additionally, at each of the selected training sessions, the quality of training will be assessed through the use of pre-/post-tests, whereby four participants at a training session will be asked to complete a brief multiple-choice test prior to the training and again at the end so that the gain in knowledge can be assessed. This pre-/post-test, along with instructions for how the participants will be selected, will be provided to the firm by the technical assistance partners.

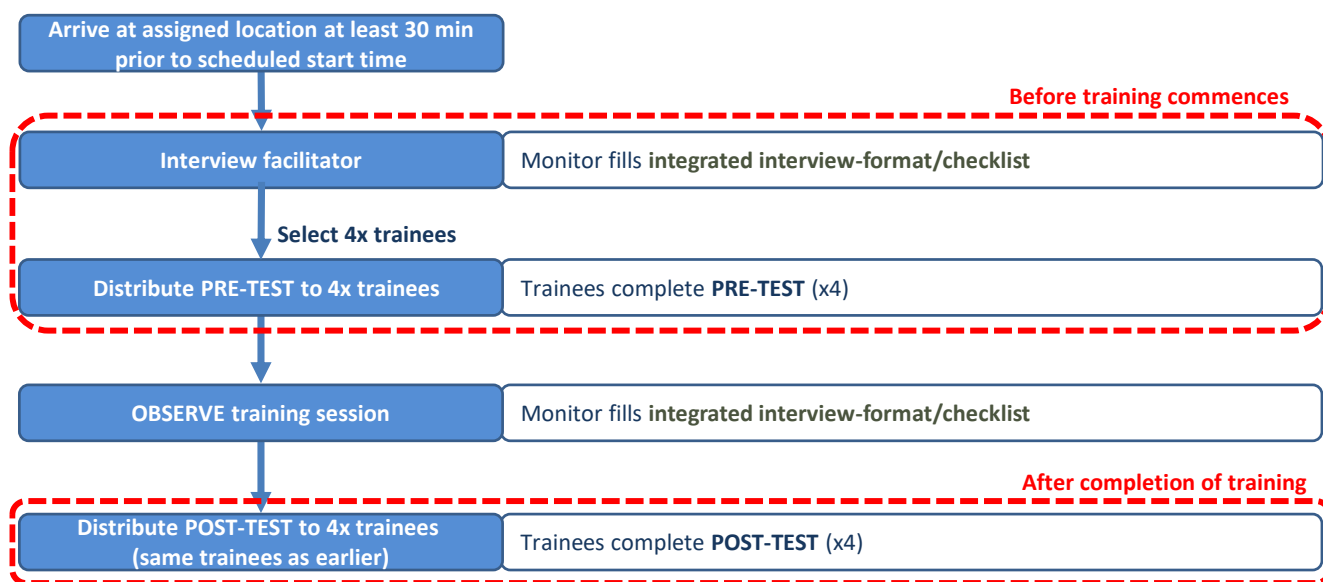


Figure 1: Overview of monitoring at training of teachers

3.3. Monitoring of Deworming at Schools

Monitoring the process by which deworming medication is administered to school children is a fundamental aspect of assessing the quality of the program and highlighting issues that need to be addressed for future deworming campaigns. In total, mebendazole will be administered at over 21,264 schools across the 16 targeted districts on 18th September 2019 (“deworming day”). All schools will repeat the drug administration process one week after the main deworming day (“mop-up day”) targeting children who could not receive deworming medication on the main deworming day.

We require that a total of **68 schools** are visited on the main deworming day (note: mop-up day will not be monitored). A list of the randomly-selected schools will be provided to the firm by the technical assistance partners. The schools will be randomly-selected to maximize geographical representation, with all 16 districts participating in the MDA represented within the sampling frame.

The procedure for monitoring the distribution of deworming medication at schools on deworming day is shown in figure 2. On deworming day, each monitor must reach his/her assigned school by 7:00 AM (to note: schools will be instructed to conduct deworming activities in the morning). At each school, the monitor will conduct a brief interview with the head teacher (or senior teacher present) following an interview format/checklist provided by the technical assistance partners. This interview is designed to assess the effectiveness of the training, the material-distribution system, the general logistics, and the community and school awareness of programs implemented as part of the deworming campaign. The monitor will ask the head teacher to stamp a School Confirmation Form (provided by the technical assistance partners) which will serve as verification that the monitor has visited the designated school (see section 3.5.). Once the teachers are ready to begin the process of administering the medication to the children, the monitor will randomly select one class to visit, according to a pre-determined random-selection process. The monitor will observe the process by which deworming medication is administered to the children. A checklist will be provided to the firm by the technical assistance partners which will serve as the basis for monitors to record their direct observations of the deworming process; this will serve to verify that deworming is actually taking place, and that teachers are conducting the drug-administration according to the protocol. In the selected class, the monitor will conduct brief interviews with (i) the class teacher and (ii) three children (randomly-selected according to a pre-determined random-selection process); the interview-formats/checklists and the random-selection procedure will be provided by the technical assistance partners. The monitor will also be required to conduct a brief interview with the Medical Officer (MO) or Union Council Medical Officer (UCMO) in whose jurisdiction the monitored school falls, following an interview format/checklist provided by the technical assistance partners. If the local MO/UCMO is present at the school at the time of the monitors visit, the interview will be conducted in-person, but more likely it will be required to conduct a brief phone interview; the monitor will be expected to obtain the phone number for the relevant MO/UCMO from the head/class teacher. In readiness for deworming, schools and other officials involved in the deworming program are expected to conduct community mobilization and sensitization. After observing the deworming day at the school, the monitor will randomly visit three households in the local community where parents of SAC will be briefly interviewed, following a random-selection procedure and an interview format/checklist provided by the technical assistance partners, in order to understand their awareness of the deworming program and willingness to take/send their children to school to be treated.



Figure 2: Overview of monitoring on deworming day. Monitoring on deworming day entails interviews/observations at the school, as well as parental interviews in the local community. The interview with the health official (MO or UCMO) may be conducted by phone if the MO/UCMO is not present at the school at the time of the monitor’s visit.

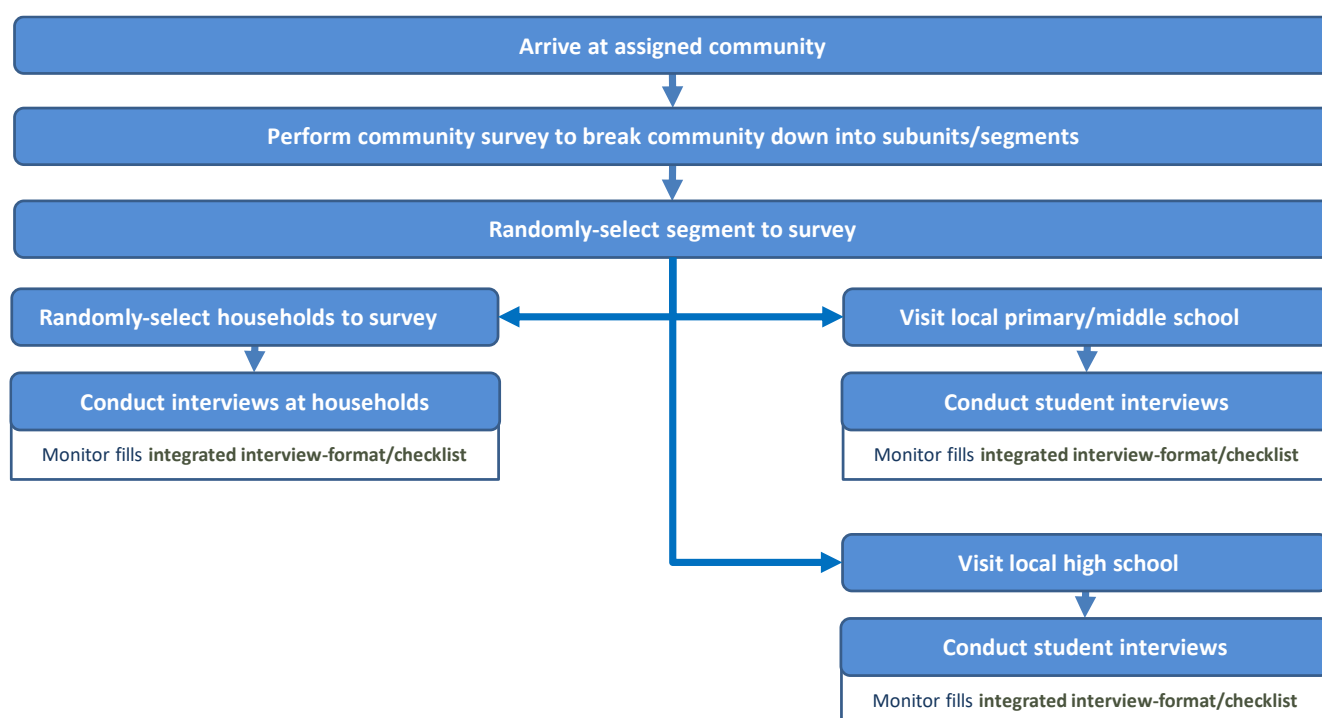
3.4. Coverage Validation

The MDA in Khyber Pakhtunkhwa will target 4,761,774 school age children including 1.4 million hard to reach SAC (from unregistered private schools and out of school children). The mechanism by which the number of children dewormed is reported will operate as a reverse cascade, whereby data will be sent from school level, up through an agreed system, with aggregation of the data occurring at each successive level. This process ultimately allows provincial level stakeholders to determine the number of children dewormed and calculate the overall coverage of the program. Verifying that the coverage reported by the government is accurate and reliable is crucial for assessing the success of the program – if children are not dewormed, they obviously cannot benefit.

The procedure for conducting coverage validation is shown in figure 3. The process of coverage validation entails monitors visiting a community to conduct interviews at households, and concomitantly visiting the local primary and middle/high/secondary schools. We require **60 communities** (30 per district) to be visited. The communities will be randomly selected by the technical assistance partners using a two-stage random-selection process, whereby **two of the 16 targeted districts** of Khyber Pakhtunkhwa will be randomly-selected, from which communities will subsequently be randomly-selected such that urban and rural areas are represented. The list of randomly-selected communities will be provided to the firm; the randomly-selected communities will dictate the schools that will be visited. While a list of the randomly-selected communities to visit will be provided to the selected firm, monitors will be required to conduct some standard sampling processes upon arrival at each of the randomly-selected communities. Following standard sampling techniques (which will be detailed in a separate coverage validation protocol to be furnished to the firm by the technical assistance partners), monitors will break the community down into smaller subunits and segments – ultimately, segments (to be defined in the coverage validation protocol) will serve as the area from which households will be surveyed. In total, 3,536 interviews at households level. The process for selecting the households in each community will be described in the detailed coverage validation protocol to be provided to the firm upon selection. In each randomly-selected household, the monitor will interview all the inhabitants within the targeted age group using an interview format/checklist provided by the technical assistance partners. In addition to the household interviews, the monitor will travel to **two** local schools – one primary, and one middle/secondary school (middle/secondary schools are located on the same campus mainly) – where most of the children in the community attend, to conduct brief interviews with SAC (in total **60 primary/middle schools** and **60 secondary schools** across the implementation area will be visited). At each primary, approximately **16 SAC** will be interviewed, and at each middle school/secondary school, approximately **19 SAC** will be interviewed using a selection process and an interview format/checklist provided by the technical assistance partners.

The process of coverage validation can begin any time after mop-up day, and must be completed **no later than 15th October, 2019**. The firm is free to choose how to mobilize personnel within this time frame.

Figure 3: Overview of coverage validation. Activities for coverage validation entails household interviews as well as interviews of SAC at local schools. Complete details of how coverage validation will be conducted will be described in a protocol to be shared by the technical assistance partners upon selection of the firm.



3.5. Quality Control & Delivery of Raw Data

To ensure that the monitoring is implemented effectively and the data is reliable, the following quality control measures will be put in place:

1. Criteria for selection of monitors and supervisors must be strictly adhered to (see section 4)
2. 10% of monitoring activities will be supervised by the firm
3. Back check surveys (i.e. confirming that monitors visited the school through calling the head teacher or visiting the school in person) will be conducted in 10% of the schools where monitoring took place.
4. All duly signed and stamped School Confirmation Forms (provided by the technical assistance partners) from all schools where monitoring took place must be returned to IRD at the end of the process. The absence of form(s) will be interpreted to mean monitoring did not take place in the affected school(s).
5. Following training of the monitors, post-training evaluations will be conducted to obtain feedback on training effectiveness
6. All data to be provided to IRD will be **double entered** by two independent operators and checked for accuracy in order to minimize data entry errors.

For a rigorous monitoring strategy, it is essential that the monitoring visits are unannounced so that the local organizers do not make special arrangements – **neither the firm nor any of the recruited monitors will disclose beforehand of their intention to visit a school or training for monitoring purposes**. The implementing partners and local authorities will inform master trainers and teachers that staff from the monitoring firm might visit the training or schools for monitoring purposes and that master trainers and teachers should give the monitors the necessary support. During the visits, the monitors will make sure they carry their work and national Identification card. PLEASE NOTE: The independent monitoring firm will not interfere with any aspect of the implementation.

All data from the independent monitoring will be analysed by Evidence Action, so there is **no requirement for the firm to conduct any analysis of the data collected**. The firm is responsible for delivering all raw data collected during the various surveys to IRD according to the time line detailed in section 5 below. All data should be clearly labelled, **in English**, so as to be easily understood and interpreted by IRD and Evidence Action.

3.6. Training of Monitors

There are three primary components to the independent monitoring of the MDA: (1) monitoring of the training of teachers; (2) monitoring of deworming day; and (3) coverage validation. The firm will be responsible for training the personnel who will conduct components 1 and 2, while IRD and Evidence Action will provide training for component 3. The firm will ensure that sufficient personnel are present and trained to account for any need to substitute monitors at any time during the field work. To maximise the impact of training and knowledge retention, training sessions should be convened no longer than 1 week prior to the monitors being deployed to the field.

3.6.1. Training for Monitoring of Training of Teachers and Monitoring of Deworming Day

The firm will be responsible for training the personnel who will conduct the monitoring visits to teacher training sessions and schools/communities on deworming day, including any functionaries who will serve as supervisors. Prior to this training, the firm will be fully oriented by IRD and Evidence Action on the various checklists and interview questionnaires that will be used during the monitoring visits. Training sessions will have a maximum

of 50 trainees in attendance. Each training session will be organized and facilitated by the firm. IRD and Evidence Action will attend the training to provide oversight. Training sessions will cover each of the checklists and interview questionnaires, as well as protocols to be followed during the monitoring visits. Training of the monitors must be conducted no longer than one week prior to the monitors being deployed in the field, and should be completed **by 2nd September 2019**.

3.6.2. Training for Coverage Validation

IRD and Evidence Action will facilitate the training of the monitors who will conduct the coverage validation. While IRD and Evidence Action will facilitate the training session, it will be the responsibility of the firm to organize it (please note: the budget included in the proposal should include the provision for organizing this training). It is expected that training for this component will be 2-3 days in duration. Training of the monitors must be conducted no longer than one week prior to the monitors being deployed in the field to conduct coverage validation, and will be completed **by 24th September 2019**.

4. PROFESSIONAL QUALIFICATIONS

To undertake the above tasks, we are seeking services of an external and independent firm with strong experience in conducting data collection of large-scale health/public health programs while putting in place strong data quality checks. The firm must have demonstrated the ability to deliver high-quality data and have experience working in Khyber Pakhtunkhwa. Experience in liaising and coordinating with authorities in health and education authority's ministries is important. Experience of working with private schools authorities, associations and directly with private schools along with deeni madaris/religious schools, their associations and relevant government departments will be an added advantage. The firm should be in a position to hire monitors and supervisors who are highly qualified to undertake data collection in Khyber Pakhtunkhwa. Experience in collecting data electronically will be of value.

The required qualifications for the **supervisors** are:

- A minimum of a BSc from biological science or social science background from a recognized university. University post-graduate students are an advantage.
- Familiar with the geographical, religious and cultural backgrounds of Khyber Pakhtunkhwa.
- Fluent in the local language
- Experience leading a team of data collectors
- Experience in carrying out data quality checks
- Good communication skills
- Previous experience in survey work and carrying out questionnaire-based surveys
- One year of experience in community work relative to public health programs
- Attend full training for independent monitors and pass post-training test
- Willing to travel to select training workshops training workshops, schools and communities
- Available for the entire duration of the assigned monitoring exercises

The hired **monitors** must possess the following minimum requirement:

- A minimum of a BSc from biological science or social science background from a recognized university.
- Familiar with the geographical, religious and cultural backgrounds of Khyber Pakhtunkhwa.

- Fluent in the local language
- Previous experience in survey work and carrying out questionnaire-based surveys
- Experience in community work relative to public health programs
- Attend full training for independent monitors and pass post-training test
- Willing to travel to select training workshops, schools and communities
- Available for the entire duration of the assigned monitoring exercises

5. TIMELINE & DELIVERABLES

Upon contract signature, the firm will begin the process of recruiting the field personnel and obtaining the necessary permissions for them to conduct their monitoring duties – **all approvals and permissions must be obtained prior to field work commencing**. Training of all personnel (for monitoring of teacher training and deworming day) will take place during the week of **4th week of August, 2019**. Monitoring of the training sessions of teachers will take place during the **1st & 2nd week of September**. Monitoring of deworming day will take place on **18th September**. Coverage validation will be conducted at any stage between **25th September to 15th October, 2019**, with training of all personnel (for coverage validation) to take place no longer than one week prior to initiation of field work for coverage validation. The timeline of the activities associated with the independent monitoring and expected deliverables are shown below in table 4 and table 5, respectively. All deliverables are subject to review and approval by IRD and Evidence Action.

Table 4: Timeline

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
	26-30 August	2-6 September	9-13 September	16-20 September	23-27 September	30 Sep.-4 Oct.	07-11 October	14-18 October
Training of monitors (for monitoring of training & deworming day) ^A								
Monitoring of training of teachers								
Monitoring of deworming at schools								
Training of monitors (for coverage evaluation) ^A								
Coverage validation at schools and communities								

^A Training sessions should be convened no longer than 1 week prior to monitors being deployed to the field.

* No activity during Moharam Holidays

**Implementation dates are subject to approval by the Government stakeholders

Table 5: Deliverables

Deliverable		Expected Completion Date
1	All data collected from each of the two main monitoring activities as outlined in the scope of work, placed in an electronic format or in a specified server/repository	30th October, 2019
2	Stamped School Confirmation Forms from all schools visited on deworming day & Coverage validation	20th October, 2019
3	A field report, to include the following: description of how monitors were recruited and trained; description of the monitoring was implemented and managed; challenges and problems experienced during the monitoring (planning stage and field work); lessons learnt and recommendations for future surveys of this nature	30th October, 2019

6. PROPOSAL SUBMISSION REQUIREMENTS

Prospective bidders will ensure the following are included in their proposals:

- Summary of previous experience of conducting field-based surveys in (i) Khyber Pakhtunkhwa, and (ii) other provinces or territories of Pakistan
- Description of the management structure to be set in place, detailing the previous experience of the program management team in implementing previous programs of a similar nature.
- Description of how the firm will secure approvals and permissions to conduct field work – including visiting schools and interviewing children. The firm is reminded that all monitoring visits must be made unannounced.
- Detailed logistical plan explaining how the monitoring will be implemented, including the number of monitors to be recruited and how they will be trained and mobilized
- Description of how data will be collected in the field (e.g. paper-based tools or computer-assisted personal interviewing (CAPI)-based tools). If the firm chooses to use CAPI-based tools, the timeline for converting the monitoring forms to CAPI should be stated in the proposal.
- Description of quality control measures that will be implemented, both in the field and during final data entry
- Description of how the raw data will be provided
- Detailed and **itemized budget, clearly showing a breakdown of the costs**, including:
 - costs associated with training of personnel
 - costs associated with field work: travel; per diems; allowances etc.
 - costs associated with data entry
 - costs associated with management of project
 - any other costs required for completion of the scope of work
 - please note: the bidder is requested to structure the budget so that costs associated with the three core components of independent monitoring - monitoring of teacher training, monitoring of deworming day, and coverage validation – can be easily assessed by the technical assistance partners.

Proposals need to be submitted **in English** by **Tuesday 20th August, 2019 at 12pm**. Both a hard copy and soft copy (pdf version) are required. Hard copy of the proposal can be sent to Interactive Research and Development, 4th Floor, Woodcraft Building, Plot 3 & 3-A, Sector 47, Korangi Creek, Road, Karachi, while the soft copy of technical proposal (only) should be emailed to Mr. Muhammad Irshad (muhammad.irshad@ird.global) and Mr. Faizan Ahmed (faizan.ahmed@ird.global). Any questions about this proposal request should be addressed in writing, in English, to above mentioned representatives. Only the selected firm will be notified by IRD.