



**Terms of Reference**  
**Evaluation on Stimulation Therapy Services for Malnourished Children**  
**under 5 years old (ST-MC)**

## Introduction:

Handicap International Federation- Humanity & Inclusion (HI) is an independent and impartial international aid and development organization working in situations of poverty and exclusion, conflict and disaster. Working alongside people with disabilities and vulnerable groups, it takes action and provides testimony in order to meet their basic needs, improve their living conditions and promote respect for their dignity and their fundamental rights. Handicap International is a non-profit organization with no religious or political affiliation. It operates as a federation made up of a network of associations which provide human and financial resources, manage projects and implement its actions and campaigns. Handicap International is present in Bangladesh since 1997.

HI is a global actor recognized for its expertise on disability inclusion in the health sector. HI follows WHO (The World Health Organization) recommendations for multidisciplinary care for children with SAM and MAM, including a clinical component and a stimulation component. Handicap International reinforces the stimulation aspect by proposing individual stimulation therapy sessions done by rehabilitation professionals (physiotherapists or occupational therapists). Handicap International Federation-Humanity & Inclusion has been developed model for Stimulation Therapy for malnourished children. This intervention is complementary alongside essential nutritional and medical care and psychosocial support to give children and their families the best chance of survival, greater resilience, and improved future quality of life. Stimulation Therapy for malnourished children aged 6 months to 59 months is designed to stimulate the psychomotor, sensorial, communicational, and cognitive development of the child through tailor made individual care. ST-MC also aims to pass on these stimulation skills to the mothers or relatives of the children in order to improve their recovery, strengthen the relationship, and to prevent and/or limit the harmful effects in the short and long term

## Background

As per UNHCR population factsheet as of September 2024, 1,003,394 individual and 203,572 families of Rohingya refugees have settled in the refugee camps of Ukhiya and Teknaf Upazilas of the Cox's Bazar district in Bangladesh fleeing violence and persecutions in Myanmar's Rakhine State. Around 44% of the adult refugee population, 4% are older persons and 52% children including 51% are female and 49% are male of the total refugee population<sup>1</sup> There is no widely accepted number on

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<sup>1</sup> UNHCR Population factsheet as of September 2024

disability prevalence among Rohingya refugees, neither at individual nor household level. Disability prevalence at the household level in the refugee camps ranges from 3%–14% depending on assessments conducted<sup>2</sup>. Initial finding according to a recent disability survey done by REACH (in collaboration of HI and CBM, December 2020) revealed that around 30% household is having at least one person with any one type of disability as per the Washington Group of Questionnaire<sup>3</sup>.

In 2023 Standardized Expanded Nutrition Survey (SENS) shows that the combined acute malnutrition prevalence (cGAM) by weight-for-height Z-score (WHZ) and/or low MUAC and/or edema is the most relevant indicator for caseload planning for nutrition treatment programs. Combined GAM showed an overall prevalence of 16.1%. Prevalence of Acute Malnutrition by WHZ, MUAC, and Combined Criteria among Children 6-59 months (Who have <-2SD) in Cox's Bazar Rohingya Camps (2023) has fell between 13.7% in 2021 to 15.1%, in 2023.

**In 2023** the mean prevalence of malnutrition among children under five in the camps was estimated at 2 percent for Severely Acutely Malnourished children (SAM) and 13.1 percent for Moderately Acutely Malnourished children (MAM).<sup>4</sup> Another survey showed that close to 12% of children under five in Ukhiya & Teknaf Upazilas are considered malnourished<sup>5</sup> The Sector assesses that almost 65,500 SAM and MAM refugee children along with Pregnant and Lactating Women (PLW) in the camps are in need of urgent nutrition services.

In addition, with treatment of malnourishment, Stimulation Therapy for malnourished children from 6 months to 5 years old (ST-MC) is implementing as a complement to essential nutritional and medical care to give them the best chance of survival, better resilience and improve their future quality of life. Stimulation Therapy is a direct and effective response to prevent and reduce developmental delays and impairments and to re-invigorate the child/parent relationship in low- and middle-income countries, even for families who are displaced or living in complex situations such as camps. Therefore, HI Bangladesh program has planned and implementing ST-MC in refugee camps under the GFFO and BPRM project.

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<sup>2</sup> ISCG J-MSNA, July 2020; REACH, November 2019; REACH, UNHCR July 2019.

<sup>3</sup> REACH Survey, 2020

<sup>4</sup> 2023 Standardized Expanded Nutrition Survey (SENS)

<sup>5</sup> SMART Survey Results, 2019.

As of January 2025, a total of 1030 children have benefitted from Stimulation Therapy intervention under the GFFO project. Pre and post intervention data have been gathered, using the HI ST-MC assessment tool (previous version), as the staff has not been trained on the use of the MDAT tool yet.

## Objectives of the Study

HI aims to conduct this study to see the effectiveness (focus on technicality<sup>6</sup>) and relevance of the intervention, as well as to identify the main changes (positive and negative) at the level of the rehabilitation professionals and caregivers.. The findings of the study will allow guiding HI & nutrition sector to shape up future intervention, planning & collaboration.

## The specific objectives of the Study

- To assess how rehabilitation professionals are implementing the stimulation therapy intervention and to what extent their clinical practice aligns with the defined protocol and expected clinical skills
- To document how the therapy stimulation responds to the demands and needs of the population and matches with PT professional development
- To analyse what have been the significant changes in terms of clinical practice of the rehabilitation professionals, following the training and intervention
- To analyse what have been the significant changes perceived by the caregiver's, following the intervention and what have been the triggers and facilitators for them to engage in integrating stimulation in their daily practice.

## Evaluation Criteria

Evaluation Criteria	Specific Objectives
Effectiveness	<ul style="list-style-type: none"> <li>• To what extent are rehabilitation professionals applying stimulation therapy skills and intervention in accordance to the expected HI standards</li> <li>• Has the initial training and mentoring allowed gaining the necessary knowledge, skills and attitude required for the intervention</li> </ul>
Relevance	<ul style="list-style-type: none"> <li>• How are caregivers perceiving the relevance of stimulation therapy to respond to their needs and the needs of their children</li> </ul>

<sup>6</sup> As defined in the HI Project Quality Framework, the project achievements meet the required quality, in line with HI technical standards. [https://www.hi.org/sn\\_uploads/document/Project-Quality-Policy-2022-IP06.pdf](https://www.hi.org/sn_uploads/document/Project-Quality-Policy-2022-IP06.pdf)

	<ul style="list-style-type: none"> <li>• How rehabilitation professionals consider the importance to integrate stimulation therapy as part of their professional practice</li> <li>• How the nutrition actors perceiving the added value of stimulation therapy as part of the package of care for children with acute malnutrition</li> </ul>
Change	<ul style="list-style-type: none"> <li>• rehabilitation professional clinical practice, including how they understand and apply children stimulation now compared to their previous practice</li> <li>• caregivers perception of change, This may include different areas of change: their children, their own attitudes and practices, the dynamics between family members</li> </ul>

**Geographic Scope**

**Rohingya Camps:** The project operated ST-MC services across Rohingya camps with 2 camps (1E, 05, 9 and NRC) with all blocks and subblocks) located in Ukhiya upazila of Cox’s Bazar . All of two camps are considered for KII and focus group discussion for this study (In persons).

**Target Population**

The study will focus on the project's rehabilitation professionals and the caregivers of the children. Beneficiaries from both Camps duty bearers such as government officials, nutrition actors (GK and SHED), Nutrition sector, project staffs and others will be included. It is Recommended to involve caregivers of children with a variety of condition ( SAM,MAM and children with disability).

**Study Methodology**

The consultant will use qualitative methods. To capture change, the HI team encourages the consultant team to adapt and use documented methodology as for example the most significant change<sup>7</sup>. Change stories will be collected using qualitative methods (semi-structured interviews or focus group discussions (FGD)). Information will be triangulated with key informant interviews with various stakeholders (partners, ...).

**Participation of Stakeholders and Beneficiaries**

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<sup>7</sup> <https://www.intrac.org/resources/most-significant-change/>

Physiotherapists and caregivers will be the main participants in this evaluation as they are the first targets to benefit from interventions and to observe changes.

The study team /consultant will also conduct interviews with various relevant stakeholders, including partner organizations, Nutrition sectors/Actors, government officials, religious leaders and/or Maji.

### Selection and Sampling Procedure

Study participants will be selected through purposive sampling. The study will be implemented in the 2 camps, and specific selection criteria will be defined for PTs (for example hospital, gender, years of experience..) and the caregivers (for example hospital, child health status..)

### Principles and values

#### Protection and Anti-Corruption Policy

The Evaluation will adhere to the Handicap International Federation -Humanity & Inclusion code of conduct, Protection of beneficiaries from sexual exploitation, abuse and harassment policy, Child Protection Policy, Anti-fraud, anti-corruption policy (see the table below).

<u>Code of Conduct</u>	<u>Protection of beneficiaries from sexual exploitation, abuse and harassment</u>	<u>Child Protection Policy</u>	<u>Anti-fraud and anti-corruption policy</u>
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#### Ethical Measures\*

The study will follow all ethical considerations and will respect all human rights.

As part of each study/evaluation, HI is committed to upholding certain ethical measures.

It is imperative that these measures are considered in the technical offer:

Ethical Risks	Mitigation Measures
Security of subjects, partners and teams	<ul style="list-style-type: none"> <li>Inform local authorities of the evaluation so that they can provide and guarantee security.</li> </ul>
Obtain the subjects' free and informed consent	<ul style="list-style-type: none"> <li>Information is shared with all participants before beginning the data collection in an adapted language to empower them to make informed consent on the participation (purpose &amp; use of the data collection, potential associated risks, and their rights during the</li> </ul>

	<p>interview). A contact name is also shared if they have any question or complaints.</p> <ul style="list-style-type: none"> <li>• Only persons who have signed the consent forms will participate. For clients or beneficiaries who are unable to sign a consent form, a verbal consent will be recorded using a recorder.</li> </ul>
Ensure the security of personal and sensitive data at all stages of the activity	<ul style="list-style-type: none"> <li>• All data collected from respondents are collected in such a way that the respondent will not be harmed.</li> <li>• HI can share findings to the public and stakeholders but sharing raw data and personal information outside the organization is strictly prohibited.</li> <li>• A Data Sharing Agreement (DSA) will be signed between HI and the consultants.</li> </ul>

*\*These measures may be adapted during the completion of the inception report.*

## Deliverables

The deliverables for this study include:

- An inception report (maximum 20 pages) that refines and specifies the proposed methodology for answering the study questions, an action plan, and data collection tools and techniques. This report must be validated by the Steering Committee.
- Final methodology including KII, FGD questions, data collection tools should be shared with HI at least 5 days before the field test.
- Day to day workplan (Excel) sheet will be submitted
- A presentation document that summarizes the first results, conclusions, and recommendations, to be presented to the Steering Committee.
- A final report of maximum 30-40 pages, including a summary and a presentation of findings (Using Nunito font)

## Evaluation Plan and Schedule/Retro Plan

Phase	Activities	Duration
Hiring Consultant	Advertise the TOR to hire a consultant	2 weeks
	Recruitment of Consultant (interview, etc.)	2 weeks
Phase-1 Desk Review – Inception Report	Consultant develops Inception Report, and data collection tools and presents to the Steering committee	1 week
	Approval of tools and methodology	1 week
Phase-II		5 days

Field Data Collection	Field Data collection	
Phase-III Data Analysis, Report writing	Data Analysis	10 days
	A draft preliminary report with recommendations.	
	Review and Validation meetings with HI (HQ & Country) as needed	1 week
	Finalize the feedback and share the final report within 5 days. Share the final report.	5 days

### Parties Involved in the study and Responsibilities

Actor	Roles
<b>Steering Committee (Operations Manager, Area Manager, Specialist-Rehab and Senior Project Manager)</b>	<ul style="list-style-type: none"> <li>Review and validate proposed study tools and methodology.</li> <li>Assist in the recruitment process of the consultants by forming a review committee.</li> <li>Review the proposal (Technical &amp; Financial) &amp; evaluate the proposal based on the study criteria</li> <li>Taking interview of the shortlisted firms to finalize the award decision</li> <li>Participate in various project meetings such as the kick-off meeting and the interview of consultants.</li> <li>Review the draft report and provide feedback for improvement.</li> <li>Validate the final report using the HI quality checklist provided in the annexes.</li> </ul>
<b>Operations Team (Operations Manager, Area Manager and Sr. Project Manager)</b>	<ul style="list-style-type: none"> <li>Ensure compliance of implementation with administrative, temporal and financial conditions.</li> <li>Plan the budgetary needs and process the supply requirements.</li> <li>Communicate and mobilize stakeholders about the study.</li> <li>Plan the agenda with stakeholders and beneficiaries as soon as the plan is elaborated.</li> </ul>
<b>Country Finance Manager, Area Manager/Sr. Project Manager</b>	<ul style="list-style-type: none"> <li>Provide guidance on financial aspects of the project.</li> <li>Share the budget available for the study</li> <li>Ensure payment is made to the consultant according to the agreed instalments and terms and conditions.</li> </ul>
<b>Technical Team (Regional Health Specialists, Regional MEAL Manager, TS-</b>	<ul style="list-style-type: none"> <li>Review of analysis tools, including identifying needs and relevant infographics.</li> <li>Review and provide feedback on data collection tools.</li> <li>Review and provide feedback on the study report.</li> <li>Participate in the implementation of study recommendations.</li> </ul>



<b>Rehab and Technical Head of Program)</b>	<ul style="list-style-type: none"> <li>• Conduct meetings with the consultant to plan and execute the study.</li> <li>• Support in the design and definition of the study methodology.</li> <li>• Assist in the development/adaptation of data collection tools.</li> <li>• Monitor the data collection and ensure quality.</li> <li>• Review the analysis tool developed by consultant.</li> <li>• Review analysis and provide feedback on the report.</li> <li>• Oversee the entire study process.</li> </ul>
<b>Consultant/Firms</b>	<ul style="list-style-type: none"> <li>• Prepare an inception report.</li> <li>• Design the study methodology, including sampling techniques and data collection procedures and develop tool</li> <li>• Collect qualitative data as per the defined methodology</li> <li>• Conduct data compilation and analysis</li> <li>• Present the findings of the study and respond to any questions or feedback and prepare a comprehensive study report</li> <li>• Prepare a draft study report and incorporate feedback from HI.</li> <li>• Submit the final report.</li> </ul>
<b>Logistics Team/HR</b>	<ul style="list-style-type: none"> <li>• Assist on the hiring of a consultant(s) by publishing the job offer, and receiving processing the application including other assistance to complete the evaluation work.</li> <li>• Share all required documents (full package) to recruiter</li> </ul>

### Required Qualifications for individuals/ firm

The consultant/ team should have the following requirements

- The Lead consultant must have Master's degree in rehabilitation/public health or a related field from an accredited academic institution
- The lead consultant with extensive experience in children stimulation
- At least 5 years' experience to work in low and middle income countries programs
- Medical Graduate/MPH/ PHD in the relevant sector will be given more advantage
- Should have company profile with CV of key person of company
- Share minimum 2 sample materials from last experience including 02 reports.
- Excellent proficiency in English; oral and written.

### Eligibility Requirements

- Interested Individuals/ Firm must submit their profile(s).

- Firm/ organization must submit the documentation of legal status, and registration as a Company (Trade License, E-TIN, VAT Registration, and Bank Account Information).
- Technical proposal (maximum 10 pages) including the proposed methodologies and proposed schedule.
- Financial Proposal (all included) VAT & TAX as per Bangladesh Government applicable rules, field visits, and any other logistical cost (Training materials/module printing and any other relevant cost) in BDT.

### Selection Criteria

The purchase committee of HI will select the most favorable trainer considering the below criteria:

Criterion	Maximum Number of Points
Previous/recent experience in NGO/INGOs in the field of study/evaluation related to children stimulation , attach 2 work completion report (10 point for each completion)	20 Points
Sample of previous similar type/health related of study/research/ evaluation <b>to attach 2 recent reports (10 point for each study)</b>	20 Points
Financial proposal	20 Points
Detail Technical Proposal & work plan submitted	25 Points
Team Leader Qualification and Team Composition (Background, Profile etc.)	15 Points
<b>Total</b>	<b>100 Points</b>

### Interviews

HI may conduct interviews with Proposers to clarify aspects set forth in their proposals or to assist in finalizing the ranking of top-ranked proposals. The interviews may be conducted in person or online. If conducted in person, interviews will likely be held at HI Ukhiya Office. HI will not reimburse Proposers for any costs incurred in traveling to or from the interview location. HI will notify eligible Proposers regarding interview arrangements.

### Cancellation of Solicitation

HI may cancel this solicitation for any or no reason. Bids may be rejected if HI determines that:

- The Bids received do not reflect effective competition.
- The cost is not reasonable.
- Fraud/any false documents submission
- The cost exceeds the amount expected; or
- Awarding the contract is not in the best interest of HI.

### Terms of Payment

- HI will pay the entire consultancy value in 3 steps:
  - i) 30% after finalizing the inception report including methodology, questionnaire and day to day workplan
  - ii) 30% after finalizing the draft report
  - iii) 40% after finalizing the final report.
- Payment will be made through Bank Transfer or AC Payee Cheque in favor of individual/ firm according to the given Bank Details deducting government applicable VAT & TAX, after successfully completion of the work along with the submission of Invoice and all other relevant documents.

### Submissions of Proposals

#### Application process

- To apply, interested applicants must send an email containing:
  - Cover letter and CV (maximum 4 pages) with references
  - TIN Copy, NID copy
- If the applicant is a company, they must also provide the following documents:
  - Company profile(s)
  - Documentation of legal status- copy of updated Trade license , BIN, TIN
- Last TAX Submission Copy (Mandatory for Both Individual and Firm)
- Bank Solvency Certificate (optional for both individuals and companies)
- Insurance certificate (optional for both individuals and companies)
- Applicants must include a technical and financial proposal (maximum 15 pages) that outlines proposed methodologies and schedule.
- Applicants must provide documents demonstrating their experience in health system strengthening, inclusion of person with disabilities and other diverse group, SRH-FP.

- Applicants must provide documents of project evaluation for different NGO or INGO.
- The financial proposal should cover all costs of the evaluation, including consultant fees, field operations costs, accommodation, per diem, air tickets, transportation to collect data, food, and other related costs.
- Quoted price should include VAT and TAX following government rules. If any amount is excluding VAT and TAX, it should be shown with a necessary breakdown.
- Payment conditions should be clearly mentioned in the financial offer.
- Bank details, including the name of the account, bank name, branch, swift code, etc., must be provided.
- Financial Proposals must be submitted in BDT.
- Interested consultants who meet the requirements should submit a proposal as per the vacancy timeline

*Applications that do not include the above may be considered administratively non-compliant and will not be evaluated further*

**Online Bid Submission addresses:**

Send a digital file in the form of an email\* sent to the dedicated email address:

[log.cox@bangladesh.hi.org](mailto:log.cox@bangladesh.hi.org) with the tender reference of in the subject).

**“Evaluation on Stimulation Therapy Services for Malnourished Children under 5 years old (ST-MC) PD-UKHI-01556”**

\*If the file is too big to fit into 1 email (limit 15MB per email), the bidder should split the submission into multiple emails. Please include numbering also in the subject.

**Bid Submission Deadline – 29<sup>th</sup> April 2025**

HI is committed to protecting children and vulnerable adults from harm. All consultants will be expected to comply with the child Protection and other Policies. Applicants for this position will be assessed regarding their suitability to work with children and vulnerable adults.

**Disclaimer: Supplier/Vendor have to declare conflict of interest if any one/more of the member involved with this procurement have personal or business relation them.**

Humanity & Inclusion encourages qualified Consultants with disabilities or chronic illness and women to apply. HI commits to providing equal opportunities to all qualified applicants, regardless of nationality, gender, religious and ethnic backgrounds, including people with disabilities.

