



CALL FOR PROPOSALS

Knowledge Attitude & Practice (KAP) Survey

A Research Commissioned by DKT International Liberia

TERMS OF REFERENCE

August 03, 2020

Introduction:

The rapid increase in population has got an adverse effect on the national economy. In addition to this, an increasing number of births has a deleterious effect on the health of the mother, which in turn hinders social and economic uplift of the family. High parity is related to increased maternal, perinatal, and infant deaths and is also associated with nutritional problems of both mother and child. Considering the magnitude of the problem, many under-developing countries including Liberia in particular, have given prime importance to family planning issues. The government of Liberia with support from the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development, the **Liberia** Ministry of Health and Social **Welfare** launched the **Liberia Family Planning** Costed Implementation **Plan** (2018–2022) to accelerate progress toward national, FP2020, and Vision 2030 family planning goals and commitment.

Moreover, a large proportion of the Liberian population resides in urban slums and rural areas where poverty, misconceived religious notions, social customs, illiteracy, ignorance, and superstitions prevail. Hence, the problem of non-acceptance of family planning becomes an acute one despite the knowledge of family planning among these populations and or sub-groups. To prevent the fruits of improvement in different sectors from getting eroded by the growing population, DKT International Liberia has launched its family planning brands necessary to develop a special program to tackle the family planning needs of Liberia. With this background, DKT International Liberia will conduct a survey of sociodemographic determinants, knowledge, attitude, and practice (KAP) of family planning so as to assess and know the Knowledge Attitude, and Practice of family planning among providers and clinicians in Montserrado and Nimba Counties where beneficiaries have been training to the various methods of family planning.

DKT International Liberia: Background

DKT International Liberia is a non-profit organization whose core mission is the provision of safe and affordable options for family planning and HIV/AIDS prevention. DKT operates in 29 countries worldwide.

DKT Liberia was established in April 2018 with the sole aim of providing safe, affordable, and effective varieties of contraceptive products and services through pharmacies, medicine stores, private clinics, and maternity homes.

DKT places a major emphasis on educating and empowering community members and groups such as vulnerable populations, adolescents, and young women of reproductive age so that they can fully understand and make use of available reproductive health options.

A. Knowledge Attitude Practice Survey

Objective: DKT will map and evaluate the knowledge, need, and availability of SRHR products among key consumers and health providers in select counties. The

results of this assessment will help DKT understand provider knowledge over the first half of the project intervention and to identify the gap in knowledge. The results will also inform DKT's strategies to address health care providers' needs (training and capacity-building, stock, etc.) and consumers' needs (market segmentation, pricing, etc.). DKT will monitor the results through annual surveys and mystery shopper evaluations, per the outcome indicators in the Results Framework.

Using a host of qualitative methods, DKT will work with external parties to gather and validate data that not only speaks to the main outputs listed below but renders a comprehensive image of the regional family planning and abortion landscape.

The general objective of this research is to gauge consumer insights on the family planning category and brands to inform DKT's marketing and program improvements. Findings from the study, when implemented, are expected to contribute to DKT building a niche for contraceptives in Liberia and improving the modern contraceptive prevalence rate.

Specific objectives

The specific objectives of the study are to:

1. Assess knowledge of the contraceptives and brands among females age 15-24 and 25-34 in social class C1 and C2;
2. Ascertain the use of contraceptives and brands among females age 15-24 and 25-34 in social class C1 and C2;
3. Measure changes in sexual activity, general and reproductive behaviors including demand for contraception since the onset of the COVID-19 pandemic;
4. Describe consumer perspectives on the quality of contraceptive services;
5. Examine the barriers to the purchase and uptake of contraceptives;
6. Explore consumer preferences including advantages/disadvantages of a single versus double dose emergency contraceptive pill (ECP), and topmost one-dose ECP brand on the market;
7. Examine the relationship between brand familiarity and consumer satisfaction
8. Test creative routes to ascertaining which persona-inspired route gets more traction (audience psychographics based on desire-driven segmentation
9. Can you identify whether women purchase in advance – prior to having sex – LNG 1.5mg (one pill)?

1. Insights on repeat users of LNG 1.5mg (frequency of use of one pill)

Expected Results/Outcomes

Primary Purpose/Outcome of the survey is to measure the extent of a known situation; confirm or disprove a hypothesis; provide new angles of a situation's reality and to enhance the knowledge, attitude, and practices of health care providers based

on specific themes; identify what is known and done about various health-related subjects. suggest an intervention strategy that reflects specific local circumstances and the cultural factors that influence them; plan activities that **of M&E:** To quantify our regional impact – reducing unwanted pregnancies and increasing access to safe abortion in Liberia – DKT will monitor a range of quantitative and qualitative metrics. To evaluate DKT’s impact over time, DKT will conduct a knowledge attitude and practice (KAP) assessment against the below indicators which include:

CONSUMER INSIGHTS – stratified by zone/region, age group (15-24 and 25-34) and Lydia contraceptive user status (user, lapsed user and non-user)

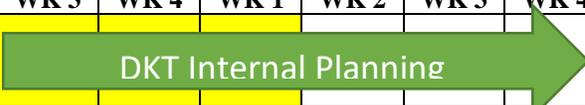
- a. Awareness/knowledge of contraceptives and brands, location to access method, media habits and preferences;
 - b. Current contraceptive use, category/brand preferences, the brand most used, last used, and frequency of use, place of and for the reason of the purchase of contraceptives, family decision making including who purchases the product (male or female), intentions for the future category and brand use;
2. Changes in sex frequency (less, same, or more sex) and demand for contraception since the onset of COVID-19
3. Quality of service: counseling on use and side effects,
4. Barriers to use e.g. fertility-related, opposition to use, access, method-related reasons, provider attitude;
5. Advantages, disadvantages, and preferences of single versus double dose, and top one pill brand ECP preferences;
6. Lydia brand familiarity, positioning, packaging, product category and competition, perceived gender portrayals in DKT’s advertisement materials
7. Output Indicator 1.1: Percentage of clients/potential clients (aged 15-24) who answer “yes” to the following annual survey question: *can you name at least two methods of contraception and/or family planning?*
8. Output Indicator 1.2: Percentage of clients/potential clients (aged 25-34) who answer “yes” to the following annual survey question: *can you name at least one channel/location to access FP?*
9. Output Indicator 3.1: Providers trained, based on provider and retailer knowledge and attitudes, determined by the percentage of providers (pharmacists, clinicians, etc.) who answer the following annual survey question successfully: *name at least three methods of family planning, their side effects, and effective period* **[1]**
10. Output Indicator 3.2: CONSUMER INSIGHTS – stratified by zone/region, age group (15-24 and 25-34) and Lydia contraceptive user status (user, lapsed user and non-user)

KAP Methodology:

The study will employ a cross-sectional design. The proposed data collection method is a quantitative approach through face-to-face administration of a structured questionnaire using a preferred electronic method. Minimal qualitative methods including the use of in-depth interviews may be considered. The firm/consultant(s) approach to data collection needs to follow the governments approved social/physical distancing protocols.

Phase one - of the assessment is to identify an estimated number of private clinics, pharmacies, and drug stores in the country through a scoping exercise. During this exercise, the Research Agency (approximately a 5-person team) will visit two counties (Nimba and Montserrado Counties where DKT has carryout SRHR training to collect basic information on the health care private facilities, i.e. the physical address of the private clinics, pharmacies, GPS coordinates of the facilities, and contact information of the pharmacy owners or managers. All information will be collected through in-person visits using a data collection application selected and installed on a Smartphone and demographics (this will help us to identify and pool any other trends that could affect our impact; such as level of education).

This will also inform DKT’s understanding of providers’ use, access, and delivery of contraceptives at private clinics, pharmacies, and drug stores (*providers who answer the following annual survey question successfully: name at least three methods of family planning, their side effects, and effective period*), though this will also be measured by post-training surveys, to be completed by an external party.

| Activities | August 2020 | | Sept. 2020 | | | | | | | |
|--|--|------|------------|------|------|------|------|------|-----|-----|
| | WK 3 | WK 4 | WK 1 | WK 2 | WK 3 | WK 4 | WK 1 | WK 2 | WK3 | WK4 |
| Logistical planning and survey development | DKT Internal Planning  | | | | | | | | | |
| Hiring and training Enumerator and Secret Shoppers | | | | | | | | | | |
| KAP and census of outlets | | | | | | | | | | |
| Randomization and baseline survey | | | | | | | | | | |
| Data collection and analysis | | | | | | | | | | |
| Final Writing of report | | | | | | | | | | |

B. Ongoing M&E

The following illustrates how DKT will carry out annual monitoring and evaluation of the indicators presented in the Results Framework. DKT is able to properly record quantitative measurements (such as sales, CYPs, and stock-outs), but to ensure bias is eliminated, the more qualitative measurements like the level of providers' knowledge and the quality of providers' counseling will be measured by external parties. Illustrative methodologies behind monitoring and evaluating these metrics are outlined below.

Site Selection: DKT will select study sites based on a number of factors, such as 1. Population living under the poverty line, 2. Score on the Multi-Dimensional Poverty Index, 3. Existing DKT infrastructure, 4. Geographic diversity, 5. Cultural and religious diversity, 6. Use in case of studies by other industry leaders.

In general, study sites within countries will be selected with a similar list of criteria, with a particular focus on population size, cultural and religious diversity, and socioeconomic levels. DKT will strive to survey at least one major city and one rural town in each county. Depending on resources, at a minimum, we will conduct surveys in one major city in each case study county with people who live below the poverty line, and rural surveys in three of the five case study counties

Wherever possible, DKT will use existing research on poverty rates in communities. If DKT priorities align in an area where the poverty rate is unknown a limited survey using the Progress out of Poverty Index (PPI) will be conducted first to determine the level of poverty in an area.

OUTPUT 1 (specific deliverables) Increased knowledge of SRHR products among primary beneficiaries

1.1 Percentage of clients/potential clients (who answer "yes" to the following annual survey question: Can you name at least two methods of contraception and/or family planning?

1.2 Percentage of clients/potential clients who answer "yes" to the following annual survey question: Can you name at least one channel/location to access FP?

Output

The main body of the report should **not exceed 25 pages** and needs to include an executive summary, background, demographic characteristics, methods, findings, conclusion, and recommendations. The findings should be disaggregated by region, age group (15-24 and 25-34), Lydia contraceptives user status (user, lapsed user, and non-user) and needs to make a comparison of key outputs between the 2017 FP insights and the current study. Preferably, this comparison should be in a tabular format.

These three indicators will be measured using intercept street surveys. Survey subjects will be asked to list two methods of contraception and to list where they go to access family planning instead of asking the yes or no questions. This will make it easier to verify whether or not survey subjects know two forms of contraception and locations of family planning. This information is also valuable to our marketing and sales teams—highlighting knowledge gaps, levels of familiarity with FP, etc.

The sample size will be calculated based on a 95% Confidence interval and a 5% margin of error, which will ensure quality results. For ethical and parental consent issues, survey subjects will be ages 15 and older unless country law requires that it be higher. As a rule, this will mean sampling a minimum of 385 people in each country 50/50 women/men.

Note: We have about 700 pharmacists/medicine stores, about 600 private clinics countrywide. We will be glad if your random sample considers it. Please see the chart below for breakdown according to County. Please populate considering the national census.

| | Margibi | Bong | Bassa | Lofa | Mont. | Nimba |
|------------------------|---------|------|-------|------|-------|-------|
| Pharmacy | | | | | | |
| Med. Store | | | | | | |
| Private Clinics | | | | | | |
| Consumers | | | | | | |
| Total | | | | | | |

Consultants/Firm Experience

We plan to recruit either a team of consultants or a competent firm. Either way, the team should include a ‘lead’ consultant, who will be responsible for the overall conduct of the research.

REQUIRED: The consultant(s)/firm will have demonstrated experience in conducting large, multi-topic research in the West Africa sub-region specifically Liberia. The Principal Investigator (PI) must have an advanced degree (preferably Master) in a Social Science or Public Health and at least 5 years’ experience conducting both social, consumer, and public health research using technology. The PI should have a solid understanding of marketing and issues about consumer experience in Liberia, and be fluent in modern research methods including quantitative and qualitative designs. The PI should be fluent in written and spoken English.

Applicants should provide:

1. A summary of their proposed approach to the work (no more than 4 pages)
2. CVs of their team members citing relevant experience.
3. Three references from organizations that have contracted the firm/consultant proving the ability to carry out multi-topic research.
4. One or two previous reports are written by the firm/consultant.

The consultant (s) should support their analysis with relevant data and state how these have been sourced. Recommendations should also include details as to how they might be implemented

Applicants should provide:

1. A summary of their proposed approach to the exercise
2. CVs of their team members citing relevant experience.

These should be submitted to procurement@dktliberia.org by August 03, 2020 and end August 11, 2020 at 4:45pm

Deliverables

The team leader is responsible for the timely submission of the following deliverables to DKT's Country Manager, Program Manager & Senior Monitoring and Evaluation Officer.

- (1) Inception Report/Tools: This will involve all inception documentation including research tools, protocols, and data analysis plan;
- (2) First Draft Research Report and PowerPoint: The first draft will be submitted within two weeks of the end of the data collection exercise;
- (3) Final Research Report, PowerPoint Presentation, and Datasets will include all feedback from DKT addressed. The consultant will present three bound copies of the final report, and a flash drive copy of the final report, PowerPoint Presentation, and datasets.

Proposed Payment Terms

Payment will be made based on the proposed payment structure:

- 20 percent within 1 week of signing contract;
- 40 percent upon deliverables 1; and
- 40 percent within 2 weeks of deliverable 2

Tender

Applicants can submit questions regarding this Terms of Reference to (procurement@dktiliberia.org) until August 10, 2020. Applicants should provide:

1. A PowerPoint presentation of their proposed approach to the work

The PowerPoint presentation and the financial proposal must be submitted physically (pen drive) and in **separate** sealed envelopes. The budget narrative must explain the assumptions behind all cost estimates.

These should **ONLY** be submitted to the **Procurement Department** by **August 03, 2020, and end August 11, 2020. At 4:35 PM.**

Technical & Financial Proposals

The technical and financial proposals should address the following areas:

- Experience of firm in this area including past performance, especially as related to pre-testing of health-related surveys
- Principal Investigator experience and qualifications (include a CV as Appendix);
- Description of other key personnel if necessary (include CVs as an appendix);
- Sampling strategy and methodology;
- Description of proposed fieldwork operations plan;
- Quality control measures in data collection;
- Data entry approach and quality assurance measures including the use of incentives for participation;
- Cost table for the entire research;
- The budget narrative must explain the assumptions behind all cost estimates including the number of interviews per enumerator, number of travel days, number of field days (with due allowance for travel days). It should also explain the data entry assumptions (whether manual or direct entry using tablets for fieldwork), as well as the timeline for data collection and data entry and other items relevant to the TORs.
- Any other issues relevant to the TORs;

Evaluation criteria of proposals is the following:

Technical – 70 percent

| <u>Technical Evaluation Criteria</u> | <u>Score</u> |
|--------------------------------------|--------------|
| | |

| | |
|--|-----------|
| 1.1 Overall Response | |
| Overall concord between RFP requirements and proposal | 15 |
| 1.2 Experience of Company and Key Personnel | 35 |
| - Company profile indicating major work in similar field | 15 |
| - Experience of co-personnel | 10 |
| - Level of international relations and affiliation | 10 |
| 1.3 Proposed Methodology and Approach | 20 |
| Total | 70 |

****Only proposals which receive a minimum of [55] points will be considered further***

Financial – 30%

Budget/Quotation

DKT Liberia will appreciate if you did your quotation in a budget format considering the sample projection that you will provide in the chart provided above. Send the quote via email to procurement@dktliberia.org as soon as possible.