

REQUEST FOR PROPOSAL:

Implementing Partner for a Study to Evaluate the Effect of Combining Hygiene Education with Deworming

1. INTRODUCTION & BACKGROUND

East Meets West Foundation (EMW) is partnering with Evidence Action and the Vietnamese government to implement a school-based deworming program in Phu Tho, Hòa Bình, Thanh Hóa and Nghệ An. School-based mass drug administration (MDA) campaigns, whereby anti-helminthic medication is administered to school-age children, are a model proven to cost-effectively control intestinal worm infections. However, deworming MDAs do not prevent reinfection and needs to be repeated regularly, with frequency of treatment dependent upon prevalence levels.

One of the key aims of the program is to assess if adding hygiene education to deworming campaigns can improve the success of deworming by reducing the reinfection rate in children. There is a general assumption that greater knowledge of health and sanitation issues amongst children will lead to greater and longer-term reductions in reinfection compared to deworming alone, but there is a lack of rigorous studies to confirm this. In order to address the lack of evidence, this program will implement an integrated deworming and hygiene education project which will be rigorously evaluated by a cluster and block randomized controlled trial (RCT) to assess the impact of such an integrated approach. To conduct this study, EMW are partnering with Evidence Action, QIMR Berghofer Medical Research Institute, Australian National University and University of Queensland (henceforth referred to as **the research partners**). It is anticipated that this large-scale RCT will provide evidence about whether the hygiene education component is successful and cost-effective at reducing reinfection among school-age children when combined with school-based deworming. This RCT will be implemented in Phu Tho, and the results of this research will be used to inform the design of a nationwide integrated deworming and hygiene education program

The research partners seek a partner to conduct field-based surveys for the RCT. Firms interested and able to provide the required technical and logistical support for this study are invited to submit a proposal which addresses the scope of work described in this document.

2. PURPOSE OF STUDY

The purpose of this study is four-fold:

- Evaluate the impact of combining hygiene education with school-based deworming by comparing the levels of soil-transmitted helminth (STH) infections in children who received deworming medication and hygiene education at primary schools, with children who only received deworming medication.
- Provide empirical evidence to the Government of Vietnam on the impact of an integrated approach to school-based deworming
- Inform the design of a nationwide integrated deworming and hygiene education program

- Provide empirical evidence to other governments, agencies, donors and the greater public health community about the benefit of combining hygiene education at schools with school-based deworming

3. SCOPE OF WORK

The RCT will be conducted in Phu Tho, which will receive annual MDAs in 2017 and 2018 as part of the deworming program¹. The research partners will randomly select 100 communes in Phu Tho to participate in the RCT; 50 communes will be randomly² assigned to the **control group** (deworming without hygiene education) and 50 communes will be assigned to the **treatment group**³ (deworming with hygiene education; Figure 1). In the treatment group, one primary school per commune will receive the hygiene education package immediately prior to the province-wide MDA campaign scheduled to take place in November 2017; no other schools in the province will receive the hygiene education. 50 randomly-selected students from these primary schools (2,500 children in total in the treatment group) will be followed over the course of the year using various surveys. Likewise, 50 randomly-selected students from one school in each commune which did not receive the hygiene education (the control group) will be followed during the course of the study using the same surveys (2,500 children in the control group). Students from grade 4 (9-10 years old) will be the population of focus for the study. Approximately 10-11 months after receiving the hygiene education at schools (immediately prior to the MDA campaign scheduled for November 2018), the worm burdens from all randomly-selected children (5,000 children in total) will be assessed, allowing for a direct comparison of the worm burdens between the two cohorts. Figure 1 shows an overview of the design of the RCT to evaluate the impact of combining the hygiene education intervention with deworming.

The research partners seek a firm to conduct all field-based surveys in order to assess the impact of combining hygiene education with deworming.

3.1. Surveys Required for the Program

The principal indicator for the RCT, and therefore the success of the integrated deworming and hygiene education intervention, is worm burden (i.e. the status of STH infection of the children recruited into the study). If the inclusion of the hygiene education to the deworming campaign makes a long-term difference to reinfection, a statistical difference in worm burdens between the two groups will result. Therefore, the analysis of the RCT will be based on the difference in worm burdens between the treatment and the control group at the end of the study. While the principle analysis will be based on the comparison of the end-point worm burdens between the two cohorts, comprehensive analysis of the data requires other information about the population. Accordingly, various surveys will be necessary as part of this study. Table 1 shows the surveys required during the course of the study.

¹ Two rounds of deworming were conducted in Phu Tho in 2016

² Randomization will be stratified on districts, school size (small and large), and possibly the availability of sanitation facilities.

³ For now assuming one treatment group, but a cross-cutting design may be considered. This will not affect the work of the survey firm.

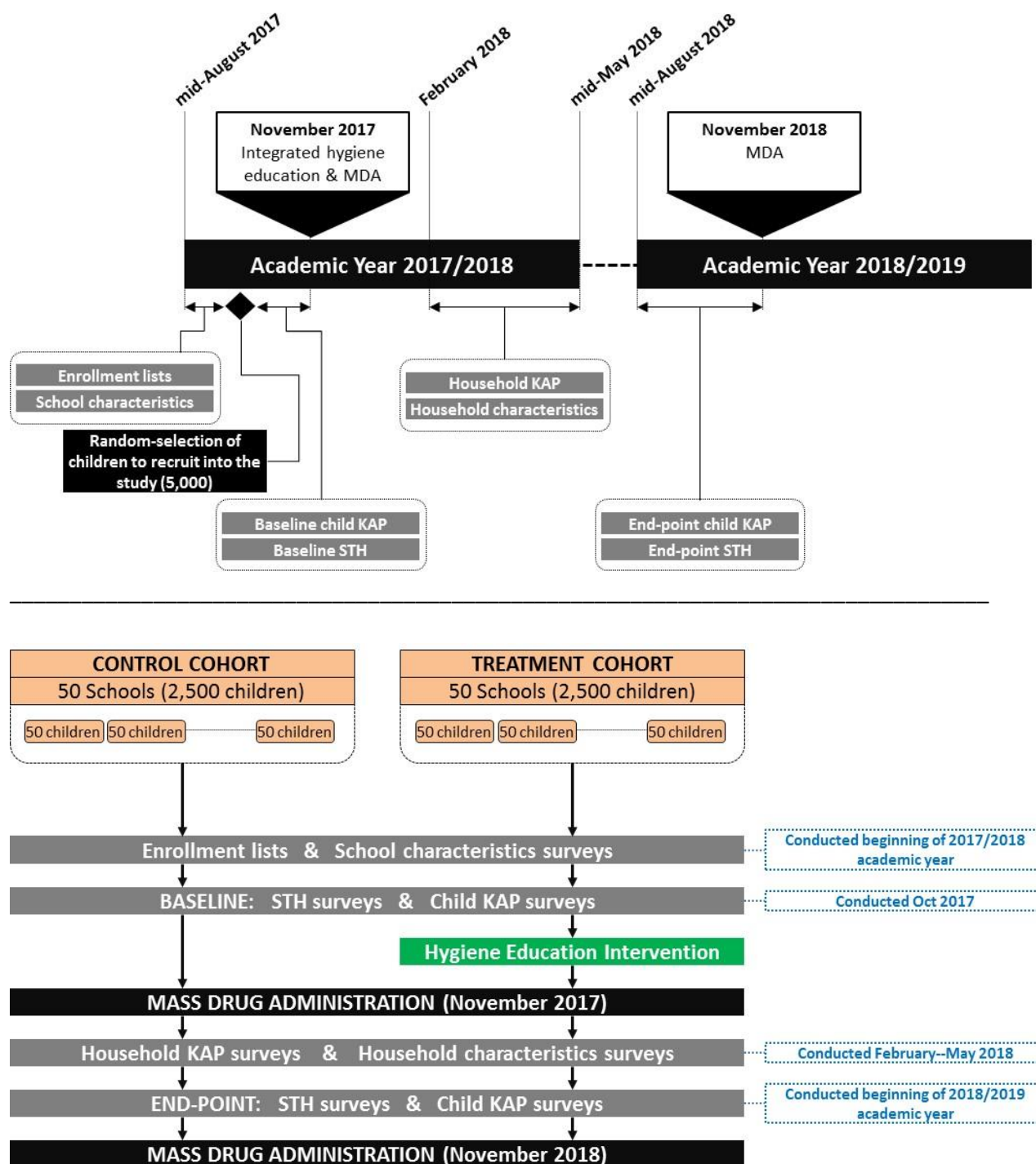


Figure 1. Overview of the design of the RCT to assess the impact of combining a school-based hygiene education intervention with the mass drug administration of deworming medication. *Upper Panel:* generalized timeline for the RCT. *Lower Panel:* overview of the two cohorts (control and treatment) and the surveys that form the basis of the RCT.

Table 1. Overview of surveys required for the study

Survey Type	Number of Surveys	Unit	Implementation Dates for Surveys ^A
SURVEYS CONDUCTED PRIOR TO IMPLEMENTATION OF HYGIENE INTERVENTION AT SCHOOLS			
SCHOOL SURVEYS			
Enrollment lists ^B	100	school	start of 2017/2018 academic year - September 8, 2017
School characteristics surveys ^C	100	school	start of 2017/2018 academic year - September 8, 2017
CHILD KAP SURVEYS			
Child KAP surveys (baseline) ^D	5,000	child	October 2, 2017 - October 27, 2017
STH SURVEYS			
STH surveys (baseline) ^D	5,000	child	October 2, 2017 - October 27, 2017
SURVEYS CONDUCTED FOLLOWING IMPLEMENTATION OF HYGIENE INTERVENTION AT SCHOOLS			
HOUSEHOLD SURVEYS			
Household characteristics surveys ^E	5,000	household	February 5, 2018 - end of 2017/2018 academic year
Household KAP surveys ^E	5,000	household	February 5, 2018 - end of 2017/2018 academic year
CHILD KAP SURVEYS			
Child KAP surveys (end-point) ^F	5,000	child	start of 2018/2019 academic year - October 29, 2018
STH SURVEYS			
STH surveys (end-point) ^F	5,000	child	start of 2018/2019 academic year - October 29, 2018

^A Specific dates for implementation are meant only as a guide. Some surveys will have time constraints, while others will have more flexibility.

^B Enrollment data must be collected as soon as possible in the 2017/2018 academic year as this data is required to for all other surveys (except the school characteristics surveys). Upon receiving this data from the firm, the research partners will need time to perform the random-selection of the children to recruit into the study

^C The school characteristics surveys can be conducted simultaneous to the gathering of enrollment lists, but bidders are free to separate these activities if they wish.

^D The baseline child KAP surveys and STH surveys can only be initiated following recruitment of the randomly-selected children into the survey. Both forms of baseline survey (child KAP surveys and STH surveys) can be conducted simultaneously: children can be interviewed at the same time as they provide stool samples.

^E 50 children from each school will be followed during the course of this study. The households of each of these children will be visited, and the two forms of household survey (household characteristics survey and household KAP surveys) will be conducted simultaneously. The firm is free to devise its own implementation schedule for household surveys, but they should commence no earlier than February 2018.

^F All children recruited at the start of the study (50 selected children from all 100 schools) will be interviewed and asked to provide stool samples at the end of the study. The end-point STH surveys can be initiated upon schools reopening at the start of the 2018/2019 academic year, and must be completed prior to the MDA scheduled in November 2018. Both forms of end-point survey (child KAP surveys and STH surveys) can be conducted simultaneously: children can be interviewed at the same time as they provide stool samples.

3.1.1. Surveys conducted prior to implementation of the school-based hygiene education intervention

The hygiene education intervention is planned to be conducted at the 50 treatment schools⁴ the week immediately preceding the province-wide MDA (scheduled for November 2017; actual date yet to be confirmed). The surveys listed below in this section must be conducted **prior to** the hygiene education intervention being implemented.

⁴ The hygiene education intervention will be provided to all classes/students in the treatment schools. The RCT will assess the impact of the hygiene education by randomly selecting a sub-set of these students (50 students per school).

3.1.1.1. School surveys

For every school in the treatment group and the control group⁵, the following surveys are necessary at the school-level (100 schools in total):

3.1.1.1.2. Enrollment lists

For all targeted schools, the following data will be collected about the student population:

- Student numbers
- Age of students
- Grade of students
- Gender of students

These enrollment lists will serve as the basis for randomly selecting the students to participate in the RCT; 50 children in each school will require follow-up during the duration of this program (5,000 children in total). Students from grade 4 (9-10 years old) will be the population of focus for the study⁶. As all other surveys for the RCT are completely dependent upon the random-selection of the children to recruit into the study, the enrollment lists from all targeted schools must be provided to the research partners as early as possible in the 2017/2018 academic year (see section 5). Once the firm collects this data and provides the lists to the research partners, time will be required to perform the random-selection process; once this has been completed, the list of recruited students will subsequently be provided to the firm so as the baseline surveys can be conducted (see section 3.1.1.2. and 3.1.1.3.)

3.1.1.1.1. School characteristics surveys⁷

For all targeted schools, the following data will be collected about the schools:

- number of teachers
- number of classes
- availability of sanitation facilities
 - hand-washing facilities
 - sinks/taps
 - availability of soap
 - latrines/toilets
- condition of sanitation facilities
- GPS coordinates of each school

⁵ The research partners will provide the survey firm with the list of schools to be surveyed

⁶ Grade 4 students will be the preferential target population for the study, but it may be necessary to recruit children from additional grades in order to reach the target sample size. Accordingly, the enrollment lists collected for each school will include all enrolled children.

⁷ At each targeted school, the school characteristics survey can be conducted at the same time as enrollment lists are being collected, thereby only requiring a single visit to each school. Bidders are made aware of the need for urgency for collecting enrollment lists, as these lists are required for the random-selection of children, upon which all surveys (apart from the school characteristics surveys) are dependent.

This data will be used to assess differences in hygiene infrastructure and practices at the different schools which could affect the success of the hygiene education package.

3.1.1.2. Child KAP surveys (baseline)

Prior to the teaching of the hygiene education at schools, all recruited children (5,000 children; 50 children in each of the 100 schools) will be interviewed to assess their knowledge of health and sanitation topics, as well as the hygiene practices that they typically follow.

3.1.1.3. STH surveys (baseline)

As mentioned in section 3.1., the principal analysis for the RCT will be based on the comparison of the worm burdens between the two cohorts. For all selected children in both groups (5,000 children in total), STH surveys will be performed prior to the teaching of the hygiene education at schools. **Kato-Katz** methodology will be followed, with each child requested to provide a single fresh stool sample, from which three individual Kato-Katz thick smears will be produced and independently examined by microscopy. For each thick smear, the number of eggs of roundworm, whipworm and hookworm will be counted so as to allow for the calculation of both the **prevalence** and **intensity** of each infection.

3.1.2. Surveys conducted following implementation of the school-based hygiene education intervention

The hygiene education intervention will be conducted immediately prior to the province-wide MDA (scheduled for November 2017; actual date yet to be confirmed). The surveys listed below in this section will be conducted **following** the implementation of the hygiene education intervention at the treatment schools.

3.1.2.1. Household surveys

The household surveys listed below can be conducted any time between February 2018 and the end of the 2017/2018 school year – the firm is free to set its own implementation schedule. The household surveys entail visiting the households of all 5,000 children participating in the study. Two types of survey will be conducted concurrently in their households during the study. For this phase of the study, **all households will be visited once**.

3.1.2.1.1. Household characteristics surveys⁸

For the households of all participating children, the following data will be collected for all members of the household:

- income
- education level
- employment
- history of deworming medication taken
- GPS coordinates of each individual household

This data from the household characteristics surveys will be used to assess differences in hygiene infrastructure at the different households which could affect the success of the hygiene education package.

3.1.2.1.2. Household KAP surveys⁹

Concurrent with the collection of the *household characteristics survey* (section 3.1.2.1.1.) a survey to assess the knowledge of health and sanitation topics, as well as the hygiene practices typically followed, of the household members will be conducted in the months after the teaching of the hygiene education at schools.

This data from the household KAP surveys will be used to assess differences in hygiene practices at the different households which could affect the success of the hygiene education package.

3.1.2.2. Child KAP surveys (end-point)

At the end of the study, all recruited children (5,000 children) will be interviewed to assess their knowledge of health and sanitation topics, as well as the hygiene practices that they typically follow. These surveys will be conducted concomitantly with the end-point STH surveys (see section 3.1.2.3.).

Comparison of the child KAP surveys conducted before (see section 3.1.1.2.) and after the hygiene intervention will help to address if the school-based hygiene education intervention is having an impact on the knowledge and hygiene practices of the children.

3.1.2.3. STH surveys (end-point)

In order to maximize the potential to detect a difference between the two cohorts, the end-point STH surveys will be conducted as long as possible after the integrated deworming and hygiene education intervention (i.e. the MDA in November 2017); accordingly, the end-point

⁸ At each household, both forms of household survey will be administered simultaneously – only one visit is required to each household.

⁹ *ibid*

STH surveys will commence at the beginning of the 2018/2019 academic year (depending on the district, schools will reopen in mid/late August or start of September, 2018). The end-point STH surveys must be completed prior to the MDA planned for November 2018. The end-point STH surveys will take place concomitantly with the end-point child KAP surveys (see section 3.1.2.2.) – each child will be interviewed at the same time as they provide their stool sample.

As per the baseline STH survey (section 3.1.1.3.), all selected children in both groups (5,000 children), will be requested to provide a single fresh stool sample, from which three individual Kato-Katz thick smears will be produced and independently examined by microscopy. For each thick smear, the number of eggs of roundworm, whipworm and hookworm will be counted so as to allow for the calculation of both the **prevalence** and **intensity** of each infection.

4. STUDY REQUIREMENTS

4.1. Team Structure, Management, and Coordination Activities

The firm will be responsible for ensuring that adequately experienced surveyors are available to collect data in the field. The firm will need to ensure that all surveyors have the requisite permission and approval to perform their work in in Phu Tho. The proposal should indicate how the personnel will be recruited, trained, and how they will operate in order to achieve the project objectives according to the timeline detailed in section 5 below.

For the STH surveys, the firm will ensure that adequately trained personnel with prior practical experience of the Kato-Katz microscopic technique and experience in identifying the different STH eggs are recruited. The personnel performing STH surveys require knowledge on sample preparation, analysis, and safe disposal of all waste materials. The proposal should indicate how the personnel will be recruited, describing the level of experience. If these personnel are to be sub-contracted by the firm, the proposal should indicate who will be sub-contracted, and what level of experience the sub-contractor has in performing STH surveys.

The firm will be responsible for coordinating with the relevant authorities, such as the local educational and health departments, to ensure the timely delivery of the project activities. The proposal should outline the experience the firm has with liaising and coordinating with authorities and partner organizations in Phu Tho, particularly the local health and education authorities.

The proposal should indicate 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.

4.2. Approvals and Ethical Clearance

All agreements and approvals necessary for performing any aspect of the project must be sought and obtained by the firm in advance of commencing field work. This includes all approvals necessary from the relevant authorities in Phu Tho, as well as all ethical approvals necessary for collecting personal data and samples from children and their families. Upon selection, the firm will be

responsible for designing a study protocol that meets ethical requirements, and will be responsible for submitting the documents/study protocol to the relevant ethics board to obtain approval. The proposal should indicate how this process will be achieved, with expected timelines.¹⁰

The proposal should indicate how the children randomly-selected by the research partners will subsequently be recruited into the study, including how consent will be obtained. Similarly, the proposal should indicate how consent will be obtained for all household members interviewed as part of household surveys. The proposal should also indicate how all personal data will be stored.

4.3. Data Collection

Upon receiving the survey questionnaires from the research partners, the firm will develop all survey tools suitable for use in the field.¹¹ The proposal should indicate what form these tools will be deployed in the field (e.g. paper-based survey forms or computer-assisted personal interviewing (CAPI)-based surveys), and the timeline for developing all necessary tools. All survey tools to be used in the field must be reviewed and agreed-upon in advance by the research partners.

The proposal should indicate the quality control measures that will be undertaken at all stages of the study (i.e. during field-work and data processing) to ensure accuracy of data recording and reporting.

The proposal should indicate how GPS coordinates for each primary school and household will be collected.

The firm will need to ensure that all data is collected in accordance with the timeline set out below in section 5.

4.4. STH Surveys

The firm will be responsible for ensuring the quality of the STH surveys and devising the logistical plan for ensuring that all children are sampled according to the timeline detailed below (see section 5). Subsequent to signing a contract, a detailed protocol for the STH surveys will be required from the selected firm (see section 5, deliverable 2), but this proposal should include information relating to the following aspects of performing the parasite surveys:

- **Sample Analysis Method:** The proposal should detail prior experience with the Kato Katz method. It will be necessary to record STH intensity levels (eggs per gram of faeces – ‘epg’) as well as prevalence for each of the three main STH species (hookworm, whipworm and roundworm), so the proposal should describe the procedures for reading slides. Methods to ensure that samples are analyzed in a timely fashion to ensure that hookworm infections can

¹⁰ Pending ethical approval from an appropriate ethics board in Vietnam, the research partners will submit the study for ethical approval from appropriate ethics boards in Australia. Submission of ethical approval in Australia is dependent upon obtaining ethical approval in Vietnam; accordingly, the ethical approval from Vietnam must be obtained in sufficient time for the research partners to obtain ethical approval from Australia. Australian ethical approval is necessary before any field-based activities can commence.

¹¹ The principal questionnaires that will form the basis of the surveys will be provided to the firm by the research partners, but it will be the responsibility of the firm to refine these questionnaires and develop them into an appropriate form for use in the field.

be assessed prior to hatching of eggs should be described. The proposal should also indicate how quality of analysis will be assured.

- **Equipment and reagents to be used:** The proposal should specify the equipment and reagents that will be used for conducting the test.
- **Method of collection of samples:** The proposal should describe the method required to collect the samples in the field. The method of storing the samples during transportation to the field laboratory and at the field laboratory while awaiting analysis needs to be described in the proposal. The process of receiving the sample from the field by the laboratory workers, including how the receipts will be recorded, should be described.
- **Method of disposal of materials:** The proposal should describe the procedures for ensuring safe disposal of waste materials
- **Location of analysis:** The firm will need to arrange the location of the analysis in the field. The proposal thus needs to describe whether the partner plans to collaborate with local entities for laboratory facilities, or whether it will make its own arrangements for facilities to conduct the analysis. It will be the responsibility of the firm to ensure that adequate facilities for the analysis are arranged. These facilities will need to be close enough to field team locations, such that there is sufficient time to transport the samples to the laboratory facilities and assess the samples for the prevalence and intensity of STH infections, before the samples degrade.
- **Administration of deworming medication during parasite surveys:** As per WHO recommendations, all STH surveys should provide treatment to children identified as being infected, so it will be necessary to provide albendazole or mebendazole to children found to be infected. The proposal should state how the partner intends to secure deworming medication (e.g. via the national supply from the Ministry of Health or through private measures) and distribute it, and detail a plan for ensuring infected children receive deworming medication.
 - It may be decided that the administration of deworming medication to children identified as being infected is unnecessary – a province-wide deworming campaign will be conducted in the weeks after the parasite surveys (both the baseline and the end-point surveys), negating the need to selectively deworm these children. However, bidders are requested to include plans for this in the proposal; the research partners will inform the successful bidder whether this plan is ultimately required. Any budget lines specific for this activity should be clearly indicated.

4.5. Transfer of Field Data to Electronic Form

All data collected during the various surveying processes will need to be saved in Excel format. **Each child should have a unique identification code, linking the child to the data from all surveys.** According to the timeline and deliverables detailed below, the firm is responsible for delivering all files containing the data collected during the various surveys in electronic form:

- data from school surveys

- enrollment lists (including age/gender of all enrolled students)
- school characteristics surveys
- data from household surveys
 - household characteristics surveys
 - household KAP surveys
- data from STH surveys

For the STH surveys, the Excel files need to contain all the data on the samples and their analysis, including:

- identifying information about all the samples collected, including name/age/sex of child, location of school, and date and time of sample
 - each child should have a unique identification code, linking the child to the sample
- prevalence and intensity (recorded as epg) of roundworm, whipworm and hookworm infections in each sample
- total number of samples received, samples rejected and reasons for sample rejection

All data within the Excel files (including all work sheets, columns, rows, etc.) should be clearly labelled, **in English and Vietnamese**, so as to be easily understood and interpreted by the research partners.

4.6. Reporting

At the end of the study, the firm will be required to submit a report in both **English and Vietnamese** – in a format to be agreed between the research partners and the firm – outlining the findings of the project:

- data and corresponding summary from the school-characteristics surveys
- data and corresponding summary from the household surveys -- both (i) household characteristic and (ii) household KAP surveys
- data and corresponding summary from the child KAP surveys -- both (i) baseline and (ii) end-point
- complete microbiology report from the end-point STH surveys
 - laboratory procedure undertaken for analysis of the stool samples for the parasite surveys
 - a complete analysis of the findings from the parasite surveys
 - pictures of identified eggs of roundworm, whipworm and hookworm
 - the quality checks that were followed during testing of the samples
 - the total number of samples tested for quality checks and explain any issues encountered during the checks.
 - quality checks that were followed during the course of the study to verify the accuracy and reliability of the surveys.
 - all raw data will accompany the report in Excel format

The firm will also be required to submit a separate report (in both English and Vietnamese) outlining the findings of the baseline STH survey (section 3.1.1.3.); the information to be included in this

report will contain the same information listed above for the “*complete microbiology report from the end-point STH surveys*”.

A progress report will be provided to the research partners (see section 5 for expected delivery date). This progress report is intended merely to update the research partners about overall progress of the surveys, and to highlight any potential issues which the research partners should be aware of. The progress report will include:

- the number of surveys completed to-date
- any issues encountered by the field-teams or monitors
- how issues (if any) have been addressed
- concerns (if any) regarding ability to meet deadlines

In addition to the formal reports, the firm will provide regular informal updates to EMW regarding progress of the various surveys as required.

5. TIMELINE & DELIVERABLES

The RCT will take place concomitantly with the deworming program being performed in partnership with EMW, Evidence Action, and government parties. As part of this program, deworming will be carried out once a year in Phu Tho (scheduled for November each year) and the timings of these deworming campaigns dictate the implementation schedule of the surveys in this study. The general timeline for the surveys is shown in Table 2. Upon contract signature, the firm will begin the process of obtaining the necessary ethical approvals – it is essential that all necessary approvals are finalized prior to implementing the surveys. Enrollment data will be collected from each selected school at the beginning of the 2017/2018 academic year, which will allow for the random selection of children (50 children per school) to include in the study. At the same time, the school characteristics surveys will be conducted. Pending random-selection of the children by the research partners, the baseline child KAP surveys and STH surveys will be performed during the month of October, 2017. Commencing in February 2018, household surveys (household characteristics surveys and household KAP surveys) will commence; these surveys will be conducted simultaneously through the end of the 2017/2018 academic year. All participating children will be tested for STH infection at the beginning of the 2018/2019 academic year, concomitant with the end-point child KAP surveys. All field-based activities must be completed before the province-wide MDA is implemented in November 2018. The deliverables, with expected due date to EMW, are detailed in Table 3.

6. DECISIONS TO ABANDON/TERMINATE THE STUDY

Prospective bidders are made aware of confounding reasons that could lead to abandoning the study at any stage of the process, including, but not limited to:

- The MDA campaign scheduled for November is postponed or canceled
- The implementation of the hygiene education at schools is postponed or canceled
- Ethical approval for the study is delayed or denied

In the event of termination of the study due for any reason, nothing shall relieve EMW of its obligation to pay for services properly performed prior to the effective date of termination.

Table 2. Overview of timeline of study

	2017							2018											
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Obtain Ethical Approvals ^A																			
Enrollment Lists ^B																			
School Characteristics Surveys ^C																			
Child KAP Surveys (baseline) ^D																			
STH Surveys (baseline) ^D																			
Household Characteristics Surveys ^E																			
Household KAP Surveys ^E																			
Child KAP Surveys (end-point) ^F																			
STH Surveys (end-point) ^F																			

^A Pending ethical approval from an appropriate ethics board in Vietnam, the research partners will submit the study for ethical approval from appropriate ethics boards in Australia. Submission of ethical approval in Australia is dependent upon obtaining ethical approval in Vietnam; accordingly, the ethical approval from Vietnam must be obtained in sufficient time for the research partners to obtain ethical approval from Australia. Australian ethical approval is necessary before any field-based activities can commence.

^B The collection of enrollment lists is time-dependent: this data is required for the random-selection of children, upon which all other surveys (except the school characteristics surveys) are dependent

^C The school characteristics surveys can be conducted simultaneous to the gathering of enrollment lists, but bidders are free to separate these activities if they wish.

^D Both forms of baseline survey (child KAP surveys and STH surveys) can be conducted simultaneously: children can be interviewed at the same time as they provide stool samples.

^E At each household, the household characteristics surveys and the household KAP surveys can be administered simultaneously. The firm is free to devise its own implementation schedule, but these surveys should commence no earlier than February 2018.

^F Both forms of end-point survey (child KAP surveys and STH surveys) can be conducted simultaneously: children can be interviewed at the same time as they provide stool samples. The end-point STH surveys must be completed prior to the province-wide MDA scheduled for November 2018.

Table 3. Deliverables expected from firm

Deliverable		Expected Delivery to EMW
1 ^A	Provide all survey tools (school characteristics surveys, household characteristics surveys, KAP surveys, consent forms, etc.) to EMW for approval	May 9, 2017
2	Provide protocol for STH surveys to EMW for approval	May 9, 2017
3	Obtain agreements and approvals necessary for performing any aspect of the project	June 30, 2017
4	Provide enrollment lists to EMW	September 8, 2017
5	Submit report on baseline STH survey to EMW, including Excel file with all STH survey data	November 30, 2017
6 ^B	Submit progress report to EMW to provide details of how surveys are progressing, including: the number of surveys completed to-date; any issues encountered by the field-teams or monitors; how issues (if any) have been addressed; concerns (if any) regarding ability to meet deadlines	March 9, 2018
7	Provide Excel file with all survey data collected during the study to EMW, including all meta data: date and time of surveys; locations (including GPS coordinates) of all surveys; identity of surveying officer(s); mechanism of data verification	November 16, 2018
8	Submit final report to EMW	November 16, 2018

^A The principal questionnaires to be used for all surveys will be provided to the firm by the research partners. The firm will further develop and refine the questionnaires for use in the field. Any changes should be approved by the research partners.

^B The delivery date for the progress report can be discussed with the selected firm. Depending on the implementation schedule devised by the selected firm, the date for submission of a progress report may be changed.

7. QUOTE SUBMISSION REQUIREMENTS

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

- Methodology for all surveys required in the scope of work
- A detailed implementation plan explaining how the surveys will be implemented, including:
 - a detailed management structure, explaining how the survey will be managed and verified
 - a detailed survey team structure, explaining how personnel will be coordinated to collect data
 - a detailed timeline for implementation, explaining how surveys will be coordinated to ensure completion within the timeline laid out in section 5
- Previous experience of conducting STH surveys in Vietnam¹²
- Previous experience of conducting KAP surveys in Vietnam
- Summary of prior experience of key personnel
- Detailed budgets should be provided, clearly showing a breakdown of the costs, including:
 - costs associated with collection of (i) school surveys, (ii) household surveys and (iii) child KAP surveys: development of tools, personnel, transport, lodging, data processing etc.
 - costs associated with STH surveys: equipment and reagents, personnel, transport, procurement of albendazole, data processing etc.

¹² If the STH survey component of the work is to be sub-contracted to a third party, please provide information about the third party's experience with STH surveys

- costs associated with any necessary trainings: data-collectors, technical personnel for parasite surveys, etc.
- management and any other costs required for completion of the scope of work

8. CRITERIA FOR EVALUATION

Bidders are made aware that proposals will be assessed according to the criteria shown in Table 4.

Table 4. Criteria for assessing proposals

Considerations	Weight
How well the proposal addresses all components laid out in the Scope of Work (section 3) and Study Requirements (section 4)	20%
How well the proposal suggests the timely completion of activities and submission of deliverables	20%
Evidence of competency for performing STH surveys ^A	20%
Evidence of previous experience liaising and coordinating with relevant authorities and agencies in Phu Tho	5%
Total Cost of Proposal	35%

^A In the event that the STH surveys will be sub-contracted to a third party, the experience of the relevant third party will be assessed based on information provided by the firm in the proposal.

9. SUBMISSION OF PROPOSALS

Proposals need to be submitted **in English** by **Friday March 24, 2017 (12pm Hanoi time)**. Both hard copy and soft copy are required. Hard copy of proposal can be sent to East Meets West Foundation, No. 2 lane 10 Dang Thai Mai, Tay Ho district, Hanoi while the soft copy of proposal can be emailed to Ms. Nguyen Hong Nhung (nhung.nguyen2@eastmeetswest.org). Any questions about this proposal request should be addressed in writing, in English, to Ms. Nguyen Hong Nhung at the above specified email.

Only the selected firm will be notified by East Meets West Foundation.