

202 Women's Voices on Climate Resilience and Reproductive Choices: A Multi-Country Qualitative Study

Request for Proposals

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1 Problem Statement

Over the last decade, there has been increasing evidence of climate change and its associated health risks [1]; global, regional, and national policy mandates to protect population health [2]; and a rapidly emerging body of practical experience in building health resilience to climate change [3]. In 2015, the WHO published an *Operational Framework for Building Climate Resilient Health Systems* that responds to the demand from Member States and partners for guidance on how the health sector and its operational basis in health systems can systematically and effectively address the challenges increasingly presented by climate variability and change [4]. However, despite the global recognition of climate change and the associated health risks, there is a scarcity of evidence on the particular risks to sexual and reproductive health and how health systems can and must respond to ensure sustained access to these essential health services in the face of climate variability and change.

Based on the current, limited literature, there are few evidenced linkages between climate change and sexual and reproductive health and rights (SRHR). Documented impacts of climate change on SRHR include:

- Disruptions to sexual and reproductive health services due to extreme weather events [5,6].
- Increased risk of gender-based violence during climate-related disasters [6,7].
- Effects on HIV/STI outcomes through barriers to testing and treatment access [7].
- Influence on contraceptive choices and menstrual product use due to environmental concerns [6].
- Changes in fertility preferences and family planning decisions related to climate anxiety [6].
- Increases in infertility, such from rising sea levels that increase the salinity of drinking water, which is linked to preeclampsia in Bangladesh [8]

Important research gaps still exist in understanding how climate change affects comprehensive sexuality education, abortion care, individual decision-making around SRHR, and how SRHR services provision can and should be adapted to meet population and communities' changing needs to support climate resilient health systems [7].

2 Purpose & Objectives

The proposed qualitative research aims to explore how women in climate-vulnerable communities perceive and enact resilience through their reproductive choices, with a focus on contraceptive use and broader pregnancy management. This study will provide valuable insights into how women in diverse contexts are adapting their reproductive choices in response to climate change, informing more responsive and resilient SRHR programming across MSI country programmes and the broader sector.

2.1 Research Questions:

1. How do women and men in climate-vulnerable communities perceive the impact of climate change in their communities on their lives and reproductive choices?
2. In what ways do specific climate-related challenges (i.e. extreme weather events) influence women's reproductive choices, and specifically contraceptive use and abortion care?
3. How do women navigate access to SRHR services in the face of climate-related challenges?
4. What role do women and men see for family planning in building personal and community resilience to climate change?
5. How do climate related challenges and climate anxiety differentially influence fertility desires and reproductive choices across different sociodemographic groups, including access to and use of contraception and abortion care services.

2.2 Expected Outcomes:

- **Rich qualitative insights to inform climate resilient SRHR programming** at MSI and the broader sector. Specifically, recommendations for integrating climate considerations into SRHR information and services, as well as integrating SRHR information and services into existing climate-resilient programming.
- **Evidence-based advocacy material** including the development of compelling narratives and data-driven insights that highlight the critical link between climate change and reproductive health. This information will be designed to inform and influence donors, government officials, and policymakers, emphasizing the need for integrated approaches to address both climate resilience and sexual and reproductive health and rights (SRHR) in funding priorities and policy frameworks.

3 Scope of Work

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

- **Develop research protocol and obtain necessary ethics approval:** The consultant(s) will be responsible for putting together a study protocol, ensuring close collaboration with a wide range of MSI stakeholders to ensure alignment with the purpose and objectives for this study. The protocol should include all the information required to obtain ethical approval by MSI's independent Ethical Review Committee (ERC) and an accredited national IRB in each study country, including complete study tools and translating these as needed.
- **Finalise and pilot study tools:** The agency will lead the refinement of data collection tools, closely collaborating with MSI stakeholders in each included country to ensure relevance and cultural sensitivity. The consultant will also lead on any required translation into local languages, and pre-testing and piloting all tools. The consultant will also be responsible for developing monitoring tools and mechanisms for checking and maintaining data quality.
- **Manage data collection:** The consultant(s) will be responsible for hiring data collectors as needed, data collection training, and management of end-to-end data collection. They will also be responsible for developing field monitoring and supervision plans for the data collectors, mechanisms for data quality checks and provide reports based on monitoring visits to the data collection sites on an agreed upon frequency. Of note, MSI already has lists of pro-choice research assistants to draw from in most contexts where we operate that can be used for this project, as well as connections with research agencies and universities. MSI does also require conducting additional values clarifications and attitudes transformation

(VCAT) training with data collectors as part of their data collection training. MSI's resources can be provided to support this as needed.

- **Manage data analysis and develop actionable programmatic recommendations:** The consultant(s) will be responsible for data analysis, including transcription and translation, appropriate qualitative data analysis and present key findings with practical recommendations. These recommendations should be provided at various timepoints throughout the analysis process as appropriate to support input and validation from key MSI stakeholders and then developed into a comprehensive report in consultation with MSI.
- **Support dissemination:** The consultant(s) is responsible for supporting the dissemination of the study findings, including an internal results validation workshop with key MSI stakeholders to support a participatory approach to refining results and recommendations, a session to share results (PPT output, no more than 30 slides), learning brief (4 pager PPT or Factsheet sheet format) a final report (Word/PDF format, no more than 35 pages excluding annexes with clear executive summary), and potentially a peer reviewed manuscript. Of note, this work can be split by MSI and consultant, or more heavily led by MSI if needed to reduce budget.

4 Proposed Methodology

The proposed qualitative study would involve in-depth interviews and focus group discussions with women (aged 18-49) and men (aged 18-54) in 5 countries where MSI Reproductive Choices operates. The countries proposed are Bangladesh, Cambodia, DRC, Ethiopia, and Nigeria as countries most affected by climate change across diverse geographies. However, we would be open to proposals from consultants on other countries to focus this in as long as they meet the criteria of being both a country where MSI currently operates and one most affected by climate change (per the [World Bank Climate Risk Country Profiles](#) [9]). It would also be preferred to have a range of climate challenges and regional geographies represented.

We propose using in-depth interviews and focus-group discussions to explore themes in line with the research questions such as:

- Perceptions of climate change impacts on daily life and future planning.
- Decision-making around contraception and family size in the context of climate concerns.
- Strategies for accessing SRHR services (focus on contraception and abortion care) during climate-related disruptions.
- Perceptions on existing barriers and new opportunities for accessing contraception and abortions services during climate-related disruptions and communities impacted by longer-term climate variation and change.
- Views on family planning (including use of contraception and abortion care services) as a tool for personal and community resilience.

4.1 Sampling approach:

The sample will need to include diverse participants, including men and women, across urban/rural settings and socioeconomic backgrounds to ensure rich, nuanced perspectives are captured including from historically marginalised groups. A purposive sampling approach is proposed to select participants who can provide rich, relevant information about climate change impacts on SRHR. This research will also likely need to leverage snowball sampling, utilising community networks and local organisations to identify additional participants, especially in hard-to-reach areas. Within each country, we propose ensuring 'maximum variation sampling, meaning aiming for diversity in urban and rural settings, socioeconomic backgrounds (particularly age groups), and climate vulnerability contexts (e.g. coastal areas, drought prone regions).

The proposed sample size should align with best practices in qualitative research for achieving data saturation and generating meaningful insights. There is flexibility to adjust each selected country's sample size based on country-specific contexts and emerging themes during data collection, as well as to ensure feasibility within the project's timeframe and budget.

4.2 Ethical Considerations:

This study would require obtaining ethical approval (MSI's independent ethical review committee (ERC) and national ethics review boards in each participating country). During data collections, the research team will ensure informed consent is provided by all participants and maintain participant confidentiality throughout data collection, analysis, and dissemination.

5 Timeline & Workplan

We expect that the timeline will be 6-8 months from ethical approval for data collection, analysis, and report writing. All activities must be complete by the end of 2025. The consultant(s) should include a detailed, proposed timeline in their proposal.

6 Skills and qualifications

The selected consultant(s) or research agency should have at least 10+ years' experience in related research topic areas and methodological approaches. The consultant(s) must have demonstrated experience and capacity to manage study coordination, including recruiting required pro-choice data collection personnel.

The firm must have expertise in sexual and reproductive health and rights (SRHR) and ideally researching abortion-related topics. The consultant(s) will preferably have experience in conducting qualitative interviews concerning potentially sensitive health issues such as abortion care. They must also have a proven record of undertaking research in Sub-Saharan Africa and Southeast Asia regions. Preference will be given to research agencies/consultants with an established record of undertaking research in any of the recommended study countries.

6.1 Personnel requirements:

- A Principal Investigator with master's degree (PhD preferred) in Public Health, Epidemiology, Demography or in a relevant field with 10+ years of firsthand experience in leading complex qualitative research in the field of SRHR is necessary, with experience in climate change research highly desirable.
- Field supervisors should have experience in data collection and monitoring of data and should have a degree in public health/nursing or health/social sciences.
- Enumerators should be experienced in collecting data as per the proposed methodology in studies related to SRHR and must have at least a high school degree (bachelor's degree preferred).

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

7 Outputs & deliverables

Deliverable 1 – Planning (due by 28 March 2025)

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

Deliverable 2 – Implementation (due by 29 August 2025 – dependent on ethics approval timelines)

- Data collection completed and data collection report submitted.
- Data analysis framework and plan submitted.
- Key findings from the preliminary analysis submitted for discussion and validation.

Deliverable 3 – Dissemination (due by 5 December 2025)

- Complete translated transcripts, analysis files, and analysis outputs
- Final study report (no more than 35 pages, excluding Annexes,) with a set of actionable recommendations and clear executive summary submitted.
- PowerPoint presentation containing findings and recommendations presented to MSI.
- Result dissemination events conducted at various timepoints throughout the evaluation to ensure emerging results are informing pilot implementation.

8 Budget & Remuneration

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

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

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

The total budget allocated for this study is £100,000 GBP. We will be delighted to hear from anyone who thinks they can deliver this work for less and are equally open to feedback if you feel the fee is unrealistically low for expected outputs.

9 Submission of proposals and selection process

Interested consultants/agencies are expected to submit an expression of interest with the following components by 17 January 2025 to evidence@msichoices.org.

- 1. Cover Letter:** Please attach a cover letter stating your interest for this study and submit a list of the requested documents plus any additional supporting documents including Curriculum Vitae for all lead consultants.

- 2. Technical Proposal:** Please provide a short technical proposal addressing the above RFP, outlining sufficient detail about the methodology to assess if it would respond to the research questions:
 - Introduction to the consultant(s)/agency and experience in conducting related research: Please provide a brief 1-2-page introduction about the organization and highlight the organization's experience in working on research studies that are like the current evaluation.
 - Technical Brief: This should include:
 - Understanding of SOW and study methodology.
 - Details on approach to data collection tools, testing and validation.
 - Data management, analysis, and quality assurance plan.
 - Ethical considerations.
 - Proposed workplan with timeline.
 - Personnel and qualifications.
 - A short description of what pro choice means to you / the organisation
 - At least 2 examples of previous work
 - 2 references
- 3. Financial Proposal:** Please provide a comprehensive budget broken down by each activity and including all costs and consultancy fee in Nepali currency and the equivalent local currency for the consultant/agency's location.
- 4. Deadline for submission of proposals:** Proposals must be received by 17 January 2025 at evidence@msichoices.org.
- 5. Modification and withdrawal of proposals:** The Bidder may modify or withdraw its proposal after the proposal's submission, provided that written notice of the modification or withdrawal is received by MSI prior to the deadline prescribed for submission of proposals. The Bidder's withdrawal or modification notice shall be prepared, sealed, marked, and dispatched in accordance with the provisions of MSI. The modification document must be signed and sealed by the same person/authority who submitted original proposal. No proposal shall be modified after the deadline for submission of proposals. No proposal may be withdrawn in the interval between the deadline for submission of proposals and the expiration of the period of proposal validity specified by the Bidder on the Proposal Submission Form.
- 6. Opening and evaluation of proposals:** MSI will open the proposals in the presence of the Procurement Committee. To assist in the examination, evaluation, and comparison of proposals, MSI may at its discretion, ask the Bidder for clarification of its proposal including breakdowns of unit cost. A proposal, which does not meet the requirements outlined above will be rejected.
- 7. Evaluation and comparison of proposals.** The Procurement Committee will evaluate and compare the proposals which have been determined to be responsive in accordance. A two-stage procedure is utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being opened and compared. The technical proposal is evaluated based on its responsiveness to the RFP. The financial proposal will be opened only if they meet the following condition:
 - The bidder's proposal passed the minimum technical score of 70% of the obtainable score of 100 points in the evaluation of the technical proposals. In the second stage, the financial proposal of all Bidders, who have attained minimum 70% score in the technical evaluation, will be evaluated.

- 80% weighting will be given to the technical proposal (which pass the minimum technical score of 70%) and 20% weighting will be given to the financial proposal. The contract will be awarded to the Bidder scoring the highest combined scores.

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

#	Item	Score
1	Understanding of RFP and appropriateness of methodology	30
2	Workplan and timeline	20
3	Data management, analysis, and quality assurance	10
4	Relevant experience of the firm and team composition	20
5	Budget	20
	Total	100

10 Contact

For more information contact: Matthea Roemer, Head of Research & Innovation;
matthea.roemer@msichoices.org

11 References

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