



Confidential

Request for Proposal
(RFP)

For

Caregiver Replication Outcome Study

Issue Date: 29 November 2021

Closing date: 23:59 CEST on 21 December 2021

1. Introduction

1.1. Background to SCBF

The Swiss Capacity Building Facility (SCBF) is a public-private development partnership (PPDP) established in April 2011 to assist financial institutions such as insurance companies, microfinance banks, and savings and commercial banks, in significantly scaling up their outreach to poor people in developing countries.

SCBF provides standalone technical assistance (TA) grants to TA providers to work with Partner Financial Institutions (PFI) to develop, pilot, assess effectiveness, replicate and scale innovative, affordable, client-centric financial products, channels and services. The end goal is to increase access and usage of these services among end-clients in ways that improve their quality of life.¹

SCBF’s goal at an impact level is improved economic well-being of low-income and vulnerable households, smallholder farmers and MSMEs. SCBF is a unique association that brings together a diverse set of members and partners to support the projects it co-funds.

1.2. Background to Outcome Study

SCBF is commissioning an outcome study on two completed projects which supported a hospital cash insurance product, Caregiver. The objective of this study is to conduct independent research on the outcomes of the two projects for women clients in Morocco and Egypt.

Specifically, the study will:

- i. Build the evidence base in terms of the outcomes of Caregiver insurance on gender equity and women’s economic empowerment (SDG 5) and health seeking behaviour (SDG 3);
- ii. Provide insight of the contribution of the two SCBF-supported projects in terms of building the market for hospital cash insurance in the two countries (replication);
- iii. Inform the development of a Women’s Economic Empowerment barometer, a set of publicly available questions and anonymized data to allow financial service providers (FSPs) to collect on-going data through a lean data approach. This will build the industry’s understanding of product usage related hospital cash insurance and its role in building gender equity.

A full statement of requirement is found in part 3 of this RFP.

2. Instructions to Bidders

The following dates have been established as milestones for the RFP. SCBF reserves the right to modify or change this timeline at its discretion.

RFP Milestones	Date
----------------	------

¹ Unbanked, underbanked, women, smallholder farmers, micro enterprises and small enterprises (SMEs), youth, vulnerable populations, referred to as SCBF’s target end-clients from here on out.

RFP Issue Date	29 November 2021
Deadline for acknowledgement of intention to participate and submit clarification questions	8 December 2021
RFP closing date and time	21 December 2021 Midnight (CEST)
Notification of selection (est.)	7 January 2022

SCBF Contact

The following individual is the contact for this RFP:	
Name	Chrissy Martin Meier
Title/Position	Learning and Insights Manager
Email	Chrissy.Martin-Meier@scbf.ch

2.1. Intent to Participate/not Participate:

Please advise the nominated SCBF contact of your receipt of the RFP and your intent to submit or not submit a proposal by email no later than the deadline set out in section 2.

2.2. Questions During the RFP Process

Proposers are to direct all questions in relation to this RFP to the nominated SCBF contact no later than the deadline set out in section 2. No other SCBF personnel or third party are to be contacted in relation to this RFP unless specifically instructed to do so by the nominated SCBF contact. SCBF reserves the right to disqualify and reject proposers that do not comply with this. All questions should be submitted in writing by email to the nominated SCBF contact.

2.3. Submission of Proposals

Proposers are required to submit a soft copy of their proposal which should be emailed to the nominated SCBF contact. The subject heading of the email should clearly state your company name. Proposers may submit multiple emails (suitable annotated e.g. email 1 of 3) if attached files are deemed too large to suit a single email.

Proposals must be prepared in English and in the format requested.

2.4. Proposers to Inform Themselves

SCBF has taken all responsible care to ensure the RFP is accurate, however, SCBF gives no representation or warranty as to the accuracy or sufficiency of the contained information and all proposers will receive the same information. Proposers are required to inform themselves fully of all conditions, risks and other circumstances relating to the proposed contract prior to submitting a proposal. Proposed prices shall be deemed to cover the cost of complying with all the conditions

of the RFP and of all things necessary for the due and proper performance and completion of the requirements.

2.5. Cost of Preparing Proposals

The proposer is solely responsible for all costs and expenses incurred in the preparation and presentation of its proposal, including without limitation market research and attendance at meetings.

2.6. Proposal Requirements

Proposals must be submitted with the following information included in response to the requirements documented in part 3.

Contact Details

Proposers must provide full contact details including physical address, contact telephone number and email address.

The proposals should be split into the technical and financial proposal and include the following:

Methodology: A description of specific activities and the corresponding timelines that will be undertaken in developing and delivering the project.

Project Team qualifications: Names and CVs of principal consultants with complementary expertise to address all items identified in the RFP and a description of their role within the project team. Qualifications of staff should include relevant technical capabilities, specific previous project experience, reference to their professional networks and experience.

The proposed consultant(s) should cover the following requirements:

- Experience conducting assignments of a similar scope and methodology in the field of financial sector development;
- Experience and interest in both quantitative and qualitative data collection methods and in designing robust *ex post* outcome studies;
- Demonstrated ability to analyse data to answer critical questions to uncover the most relevant and actionable insights;
- Experience and ability to contract and work with local researchers and/or firms in the two countries (Egypt and Morocco);
- Solid understanding of facilitative and market systems approach to financial sector development;
- Demonstrated ability to prepare and package findings in reader-friendly, actionable reports that speak to a range of financial inclusion stakeholders including investors, policymakers, financial institutions, technical assistance providers, and donors;
- Good networks within the financial inclusion sector development community;
- Knowledge of microinsurance for low-income clients is a strong advantage;
- French and English language skills required.

The technical proposals should be no longer than 10 pages. There is no minimum length. CVs should be attached as appendices.

Financial Proposal

- **Estimated cost:** A total cost, in Swiss Francs, must be provided for the scope of work detailed. A breakdown of the estimated costs by component and by team member should be presented (i.e. tabular format) and should include Direct Costs (number of days per staff, seniority, area of expertise and their associated unit costs) and, if relevant, Indirect Labour Costs (i.e. travel, sub-contractors, etc.). Any assumptions related to the estimated costs must be clearly stated.
- **Fee structure:** Should be fixed fee and milestone based (i.e. paid upon presentation of deliverables). A proportion of payment on appointment is acceptable but only in circumstances where significant costs associated with initial mobilisation are likely to be required.

References

Proposers should provide three references of previous clients for whom they have delivered similar projects or work.

Statement of Capacity

Proposers must state all necessary resources to effectively complete the scope of works which shall be made available during the course of this project.

Conflicts of Interest

Proposers must declare any conflicts of interest in carrying out the services documented within this RFP. Where no conflicts are identified a statement to this effect must also be provided.

Contract

Proposers must provide a copy of their standard terms which would apply should they be awarded the contract.

2.7. Evaluation Criteria

Consultants will be selected on a cost and quality basis of the response to the RFP. SCBF may request additional information to assist further evaluation of proposals.

2.8. Bidders

SCBF will accept proposal from both companies and individual consultants which form a team to deliver this assignment meeting the requirements of the RFP.

For teams of individual consultants and for companies a Team Leader must be nominated who has the primary responsibility for the successful delivery of the assignment.

2.9. Joint Proposals

Bidders might like to partner with each other (or with others) to leverage various experience and expertise.

Where joint proposals are submitted, one service provider should be the designated lead provider, reporting to SCBF. The second provider should be paid by and report to the lead provider, and the proposal must clearly articulate how the two (or more) organisations will work together.

2.10. Budget

The described level of effort (LoE) for this RFP should give an indication of the budget available. While this LoE is indicative only and SCBF will consider alternative proposals, we aim to select a provider who can demonstrate an efficient and economical allocation of resources while ensuring high quality of delivery. Bidders should propose a payment schedule that incentivises on time and high-quality completion of key deliverables.

3. Proposed Study Design

The following outlines the intentions of the study, hypotheses to test, and deliverables. SCBF expect to refine the study design in partnership with the selected Bidder. Thus, responses should include the Bidder's understanding of the proposed study design, suggestions to improve the design as relevant, and should consider the feasibility and budget implications of removing or adding components.

3.1 Overview

1. *Ex post* impact study using a comparison group to test the impact of Caregiver insurance across 2 markets where SCBF has supported Caregiver replication:
 - Morocco
 - 2013-2017
 - est. >1m beneficiaries
 - [Final Report](#)
 - Egypt
 - 2016-2018
 - est. 217k beneficiaries
 - [Final Report](#)
2. Inform the creation of a lean-data Women's Economic Empowerment Barometer

3.2 Hypotheses to test

SDG 5: Gender equality

- a. Women who used Caregiver insurance (made a claim) perform better than peers on empowerment indicators per [Chen's Four Dimension of Empowerment](#) Framework
 1. *Material change*:
 - i. Maintain consumption levels for 6 months childbirth.
 - ii. Repaid loans better, did not get more indebted.
 2. *Cognitive change*:
 - i. Maintain financial literacy and skills and demonstrate use of these skills outside of purchase and use of Caregiver insurance.
 - ii. Willingness to buy new insurance product if made available to her.

- iii. Recommended / spoke to friends about insurance (count of friends).
3. *Perceptual change:*
 - i. Improved self-confidence maintained for x period of time after childbirth.
 - ii. Change in risk appetite (takes more business risk)
 - iii. Other perceptual changes related to quality of life
4. *Relational change:*
 - i. Ability to make decisions for herself and her family demonstrated outside of the purchase and use of Caregiver insurance.
 - ii. Husband is aware that wife has access to Caregiver insurance (transparency)

SDG 3: Health and Well-Being

- a. More women with Caregiver insurance demonstrate health-seeking behaviour over time, as demonstrated by multiple claims submitted over time [SDG 3.4 reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being]**
- b. More women with Caregiver insurance were able to maintain health-seeking behaviour during COVID-19***

***May only be relevant in Egypt*

****Need to account for fear of hospital visits during the pandemic; may require qualitative interviews to complement survey data*

Market Building

- a. Success of Caregiver insurance has spurred copycat products that are helping to scale these outcomes to more women
 1. X number copycat products exist
 2. X number of total individuals and total women reached
 3. X number of claims related to childbirth in a hospital or clinic

3.3 Methodology

Data Collection

Literature review and key informant interviews (KIIs) to complement survey data and to test Hypothesis 4 related to developing the overall market for hospital cash insurance in the two countries.

2-country survey, with two groups in each country:

- *Treatment group:* Women who had Caregiver insurance and made a claim
- *Comparison group:* Women with similar characteristics (geographic region, income level, etc) who did not use Caregiver insurance

Selection of clients for the treatment group to be based on product performance criteria e.g. made a claim or not, used the service or not, etc.

**Number of women per group to be determined with research firm based on research needs and budget*

Client interviews to complement survey data, as necessary

2. Analysis

- Personas, to show changes in attitude and behaviour
- Disaggregation of survey data via age, location, income level, and other factors to compare the treatment group to the comparison group
- Disaggregation at market-level to compare with literature review and KII findings

3.4 Results

1. PDF publication with analysis and key recommendations
2. Publicly available, anonymized data set
3. Women's Economic Empowerment Barometer survey tool (see below for more details)

Women's Economic Empowerment Barometer: While there is interest in better assessing the link between women's economic empowerment and financial inclusion, current research approaches are time-consuming and expensive. Developing a standardized tool and a set of low-cost data collection channels (via WhatsApp surveys, text messages, loan officer surveys, etc.) that could be used by a variety of stakeholders and applied across contexts would enable broader measurement.

We'd like this research study to inform a short (10-15 question) survey tool that would be targeted toward financial service providers (FSPs), with questions based on Martha Chen's framework to approximate women's economic empowerment across four dimensions of change (perceptual, relational, cognitive, material). This tool could be used for lighter and quicker data collection, allowing the industry to benchmark how well financial inclusion initiatives enhance women's economic empowerment indicators.

This will help to ensure that this research study sets the basis for providing on-going data over time through publicly available questions and anonymized data for the industry at large to gain a greater understanding of product usage and impact related to Caregiver and hospital cash.

4. Estimated Project Timeline

Milestone	Date
Negotiations completed and consultant contracted	Mid-January
Assignment starts	End-January
Project inception report submitted	Mid-February
Data collection complete	Early April
Draft report submitted	End April
Final deliverables completed and submitted	13 May 2022

Annex

This annex provides a list of existing studies related the Caregiver insurance product; the Bidder should consider how this study will build on and contribute to this existing body of work.

Summary of Existing Studies related to the Caregiver insurance product

Name	Partners	Date	Country(ies)	Description
Microfund for Women's Caregiver Experience: Lessons from Jordan on Health Microinsurance	WWB and Credit Suisse	2012 (est.)	Jordan	Public; success factors for Jordan pilot, considerations for replication, focus on gap coverage
Inclusive Microinsurance for Women: Jordan	WWB published by GIZ	2017	Jordan	Public; gender mainstreaming still limited; summary of internal research using the Chen Four Dimensions of Empowerment Framework
Hemayet Lead Outcomes Research	WWB	2017	Jordan	Internal; survey data based on the Chen Four Dimensions of Empowerment
MFW Caregiver Outcomes	WWB	2016	Jordan	Internal; survey data based on the Chen Four Dimensions of Empowerment
Health Microinsurance: An inclusive approach (Publication on Caregiver, co-published with Agence Française de Développement (AFD))	WWB, AFD	2016	Morocco, Egypt Uganda	Presentation of the approach and learnings.