বাংলাদেশ উন্মুক্ত বিশ্ববিদ্যালয়

সংগ্রহ শাখা, প্রশাসন বিভাগ, গাজীপুর- ১৭০৫

বাউবি'র দীক্ষা: সবার জন্য উন্মুক্ত, কর্মমূখী, গণমূখী ও জীবনব্যাপী শিক্ষা

BOU/Admin(Pro)-3(110)/2021-22/3292 Date: 14/07/2026

Request for Expressions of Interest

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

1	Ministry/Division	Ministry of Education
2	Agency	Bangladesh Open University (BOU)
3	Procuring Entity Name	Joint Director, Procurement Section, Administration Division, BOU, Gazipur-1705
4	Procuring Entity District	Gazipur
5	Expressions of Interest (EOI) for Selection of	Firm for Conducting "Feasibility, Scoping and Mapping Study for the Development of a Certificate in Caregiving (CCG) Program under Bangladesh Open University (BOU)"
6	EOI Ref No & Date	No: BOU/Admn(Pro)-3(110)/2021-22/3292; Date: 14/07/2026.
KEY INFORMATION		
7	Procurement Method	Quality and Cost Based Selection (QCBS) Method
FUNDING INFORMATION		
8	Budget and Source of Funds	UNICEF
9	Development Partners (if applicable)	N/A
PARTICULAR INFORMATION		
10	Project / Program Name (if applicable)	Feasibility, Scoping and Mapping Study for the Development of a Certificate in Caregiving (CCG) Program under Bangladesh Open University (BOU)
		Date: 03/08/2026; Time: Until 1:00 PM (Tender Box, Treasurer Office, BOU, Gazipur)
11	EOI Closing Date and Time	03/08/2026 — Until 1:00 PM (Tender Box, Treasurer Office, BOU, Gazipur)
12	EOI Opening Date and Time	04/08/2026 — At 2:00 PM (Procurement Section, Administration Division, BOU, Gazipur)
INFORMATION FOR TENDER		
13	**Brief Description of Assignment**	The study aims to assess the feasibility of introducing a Certificate in Caregiving (CCG) course at BOU. Specifically, it will: a. Map and quantify current and future demand for caregivers in home and abroad. b. Examine existing caregiver training programs and identify gaps. c. Review relevant competency standards and accreditation frameworks. d. Define and validate the scope of caregivers' and their distinction from clinical roles. e. Identify suitable delivery models and assessment arrangements for BOU. f. Provide a costed implementation pathway. g. Outline potential employers for job placement at home and abroad and suggest a route for recognition. The study will be conducted across Bangladesh (urban and rural) and will cover government agencies, regulators, training institutions, employers, care centers and potential job seekers.
14	**Experience, Resources and Delivery Capacity Required (Short Listing Criteria)**	a. All legal documents of the company (updated trade license, income tax, vat registration certificate, etc) and company profile. b. Minimum 5 (five) years of general experience of the firm(s) in providing consulting services (feasibility study, baseline study, mid-term study, and end line study/survey). c. Experience of providing services in assignments of similar nature in the last 3 (three) years, indicating details of consultancy contracts executed, i.e, description of services, duration of services, name of the client, value of each contract. d. Average annual financial turnover for the last 03 (Three) financial years should be mentioned, subject to verification of the financial audit report. e. All relevant institutional documents containing information such as experience, key resources, professional manpower, and the ability to provide services (including a permanent office and management setup). f. In case of a Joint Venture, the firm shall provide supporting documentation for the Joint Venture in accordance with Rule 54 of the Public Procurement Rules (PPR), 2008 of the Government of Bangladesh. g. The team must have strong educational research experience, particularly in the context of Bangladesh; however, key experts will not be evaluated at the shortlisting stage. h. Demonstrated experience in the education and employment sectors in Bangladesh. i. Proven track record of working with marginalized communities and in remote locations. j. Firms previously blacklisted by any project/organization of the GoB are not required to submit proposal. For details, see the TOR on the project website: (https://www.bou.ac.bd)
15	Association with foreign firm is	Not Applicable

16	Ref No	Phasing of Services	Location	Indicative Start Date	Indicative Completion Date
	BOU/Proc/EOI-01/2026-2027	All works	BOU, Gazipur	From the date of the contract agreement	Up to 6 months

17	Name of Official Inviting EOI	**Md. Musa Azam**
18	Designation of Official Inviting EOI	Joint Director
19	Address of Official Inviting EOI	Procurement Section, Administration Division, Bangladesh Open University, Gazipur-1705
20	Contact details of Official Inviting EOI	Hunting Number: 09666730730, Ex: 862, 706, Email: jd.procurement@bou.ac.bd
21	The procuring entity reserves the right to accept or reject all tenders.	
22	Any discrepancies in the Notice or TOR may be resolved through discussion in accordance with PPR-2025; however, the decision of the BOU's authority shall be considered final.	

*বাংলাদেশ উন্মুক্ত বিশ্ববিদ্যালয়-এর বিভিন্ন প্রোগ্রামের ভর্তির তথ্যের জন্য বাউবি'র ওয়েবসাইট **www.bou.ac.bd** দেখুন।*

(Md. Musa Azam)
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TERMS OF REFERENCE (ToR)
Feasibility, Scoping and Mapping Study for the Development of a Certificate in Caregiving (CCG) Course under Bangladesh Open University (BOU)

1. Background

Bangladesh is undergoing rapid demographic change, the share of older adults is rising (the population aged 60+ grew from about 7.7% in 2015 to 9.5% in 2023)[i], and World Bank[ii] notes that by 2025, around one in ten Bangladeshis will be aged 60 years or older, and this proportion is projected to double to one in five by 2050. This shift, combined with increasing life expectancy, urbanization, and changing family structures, is creating a marked rise in demand for care services at home and in institutions.

Globally, the care economy is expanding rapidly, forecasts point to large shortfalls in the professional caregiving workforce and a rising need for trained, relationship-based care. Aging populations, smaller and more dispersed families, and greater chronic care needs mean countries must scale up professional caregiver training to avoid major care gaps and to capture the "silver economy" opportunity.[iii]

In Bangladesh, a growing but fragmented supply of short caregiver and assistant-health technician courses already exists, offered by private training providers such as the Caregiver Institute of Bangladesh, BRAC-linked trainings, and other private short-course providers offering 2–6 month programs. These tend to emphasize practical skills, yet vary widely in duration, accreditation, and linkages to formal career pathways (e.g., nursing or allied health). Meanwhile, the NSDA has developed competency standards and a national qualification framework (BNQF/NTVQF) that assign levels to training—for example, Level 2 and Level 3 courses in caregiving according to the NSDA syllabus are documented. At the same time, BTEB regulates formal TVET programs, short-course training, and formal certificate/diploma pathways, setting standards for short-courses (e.g., 360-hour basic courses) and managing certification and curriculum in the TVET sector. Thus, while there are clear demand and a number of providers in the caregiver training space, the market remains characterized by limited standardization and scale, inconsistent accreditation and weak progression pathways into formal recognized qualifications (e.g., from Level 2/3 to certificate/diploma).

In addition, caregiving is not yet consistently defined or formally recognized as a distinct occupational category across all relevant ministries and regulatory bodies. Overlaps between caregiving, nursing, health assistant, and health technician roles have created ambiguity regarding scope of practice, accreditation authority, and career progression pathways. This lack of clarity has, in some cases, contributed to professional sensitivities and delays in regulatory approval processes. Addressing role definition, regulatory positioning, and inter-ministerial alignment will therefore be central to ensuring feasibility and sustainability.

Bangladesh Open University (BOU) plans to introduce a six-month Certificate in Caregiving (CCG) Course aimed at meeting the growing national and international demand for skilled caregivers, particularly in the health, elderly care, and special needs sectors. The initiative aligns with Bangladesh's skills development and employment generation priorities and supports youth—especially women—in accessing dignified, service-oriented careers. However, it is to be noted that the Certificate in Caregiving course is not intended to replace or substitute for licensed nurses or health professionals, but to complement the health and social care workforce by addressing non-clinical care needs. The proposed caregiver role will focus on supportive, relational, and daily living assistance functions and will be clearly distinguished from clinical tasks such as diagnosis, prescribing, administering medications, or performing medical procedures. Clear scope-of-practice boundaries will be essential to ensure patient safety, regulatory compliance, and professional harmony within the health system.

The proposed caregiving framework will therefore require careful review of legal permissibility, role boundaries, and regulatory mandates across relevant institutions, including the Ministry of Health and Family Welfare (MoHFW), Directorate General of Health Services (DGHS), Directorate General of Nursing and Midwifery (DGNM), Bangladesh Medical and Dental Council (BMDC), Bangladesh Nursing and Midwifery Council (BNNC), National Skills Development Authority (NSDA), and Bangladesh Technical Education Board (BTEB). Alignment with applicable national standards and relevant WHO guidance will be essential to ensure that caregiving roles complement, rather than duplicate or conflict with, licensed clinical professions.

Furthermore, while labour market demand is an important driver, caregiving roles must also be situated within Bangladesh's broader Primary Health Care system, elderly care needs, disability support services, and emerging social protection mechanisms. The feasibility assessment will therefore examine how caregiving can be integrated within community-based care and long-term care frameworks without encroaching upon regulated clinical functions.

Given the vulnerability of care recipients—including older persons, persons with disabilities, and individuals requiring home-based or institutional support—strong safeguarding, ethical conduct standards, supervision protocols, and accountability mechanisms must form a foundational component of course design and regulatory approval. Compliance with national professional standards and international good practice will be treated as a non-negotiable principle in the feasibility assessment.

BOU's comparative advantages — nation-wide open & distance learning (ODL) infrastructure, ability to offer blended delivery and formal accreditation pathways — position it to scale a high-quality, accredited caregiver course that can deliver employment pathways for youth (especially women) and meet both domestic and overseas labour market demand. The BOU Caregiver Course Development Plan sets out the institutional case and the implementation timeline and identifies Task 1 (market analysis, feasibility & scoping) as the immediate priority to inform course design and piloting.

UNICEF will serve as the technical assistance provider, supporting BOU to design and institutionalize the course within BOU's national delivery framework. The collaboration will ensure quality assurance, labor market relevance, regulatory compliance, safeguarding standards, gender responsiveness, and sustainability through integration into national qualification and credit frameworks. The feasibility assessment will also examine practical implementation considerations, including professional acceptance, supervision requirements, institutional capacity, regulatory approval processes, and alignment across ministries to mitigate risks and ensure viable scale-up.

2. Purpose and Objectives of the Study

Purpose: To assess the market demand, feasibility, and optimal delivery models for a nationally recognized six-month Certificate in Caregiving course at BOU; and to provide actionable recommendations (including curriculum scope, accreditation pathways, partnerships) to inform subsequent curriculum development and rollout.

Primary objectives:

a) Map and quantify domestic and overseas demand for caregiver services and identify priority employer segments and geographic markets (current and future).
b) Map existing caregiver training provision (public, private, NGO), identify gaps in quality, accreditation, duration and career pathways.
c) Review relevant competency standards and accreditation frameworks (NSDA/BNQF/NTVQF, BTEB, nursing/health councils), including WHO Self-care

competency Frameworks and identify requirements for stackable micro-credentials and credit transfer.

d) Define and validate (with regulators) a clear scope of practice for caregivers in Bangladesh, distinguishing caregiving functions from clinical, nursing, and allied health roles, to ensure patient safety, regulatory compliance, and professional acceptance.
e) Propose feasible delivery models (blended/ODL + practical practicum) consistent with BOU's strengths, including recommendations for practicum partnerships and assessment arrangements.
f) Provide a costed implementation pathway (design, ToT, content development, delivery, QA, monitoring) and recommendations for sustainability/system integration.
g) Outline potential employer, placement and overseas recruitment linkages and suggest a route for job placement & recognition.

3. Scope of Work

The study will undertake a comprehensive national-level analysis of the caregiving sector in Bangladesh, combining desk research, stakeholder consultations, and fieldwork in selected urban and rural districts that reflect the diversity of demand and supply.

The purpose is to generate a solid evidence base for designing and implementing a nationally accredited six-month Caregiving Course under BOU. The study will be organized around the eight defined workstreams, each guided by a set of indicative research questions related to market demand, provider landscape, institutional feasibility, standards alignment, delivery models, inclusion, and sustainability. The final study questions will be refined and validated during the inception phase to ensure analytical focus, policy relevance, and alignment with stakeholder priorities.

i. **Mapping of Providers & Courses:** Conduct a comprehensive mapping of existing caregiver training programs offered by public, private, and NGO providers, reviewing their curriculum content, duration, accreditation status, and employment outcomes. This will identify quality and coverage gaps, areas of duplication, and opportunities for collaboration or harmonization. The mapping will also analyze the implementation modalities, partnership structures, and delivery strengths of successful models to inform BOU's course design. The mapping will produce a national inventory of active training institutions and potential partners for practicum and certification, with specific recommendations for BOU considering its structure, facilities, and strengths as an ODL institution. As part of provider and market mapping, the study will explore the use of GIS-based mapping to visually present the geographic distribution of caregiver training providers, practicum facilities, and demand hotspots. This will support clearer identification of regional gaps, clustering, and priority areas for intervention.
ii. **Market Demand & Labor Analysis:** Assess current and emerging domestic and international demand for caregivers across households, institutions, and overseas markets. The analysis will identify key employer segments, required competencies. It will estimate the size of the potential market, skill gaps, and employment prospects for women and youth, using data from labor surveys, NSDA, BMET, and employer consultations, including with relevant Industry Skill Councils and employer associations.
iii. **BOU Institutional Capacity & Implementation Feasibility Analysis:** Conduct a dedicated assessment of BOU's operational and institutional capacity to deliver, quality-assure, and sustain the proposed Certificate in Caregiving course. This will include a review of existing governance mechanisms, ODL infrastructure, faculty and trainer readiness, quality assurance

(QA) systems, and capacity for job placement linkages. Also need to review digital readiness assessment i.e. Learner access to devices/connectivity; Offline delivery safeguards; Local study center capacity.The analysis will provide clear recommendations on required capacity strengthening, optimal governance structures, and practical implementation pathways for BOU.

iv. **Standards & Curriculum Alignment:** Review NSDA's National Occupational Skill Standards (NOSS) and related TVET or health-sector frameworks to determine how the BOU course can align with national and international competency requirements. Review all national and global WHO and DGHS guidelines on patient safety and caregiving. This will also include a structured review of legal and policy issues regarding the overlap between caregiving and clinical health services (e.g., nursing, allied health), with the aim of clearly defining permissible caregiver functions versus restricted clinical tasks. The review will explicitly assess alignment with relevant national and international normative frameworks, including (but not limited to): WHO guidance on long-term care workforce, people-centred care, community-based care, patient safety, and ethical caregiving; as well as relevant Bangladesh health-sector policies and strategies (e.g., National Health Policy, patient safety frameworks, ageing-related strategies, and applicable legal protections for vulnerable populations). Consultations will be conducted with the Bangladesh Nursing and Midwifery Council, Bangladesh Medical & Dental Council, Ministry of Health and Family Welfare, and other relevant bodies to ensure legitimacy, regulatory coherence, and professional acceptance. The study will propose core learning outcomes, stackable micro-credentials, and assessment mechanisms that ensure national recognition, progression to higher qualifications, and relevance to employers. This will include a review of legal and policy issues regarding the overlap between caregiving and technical health services (e.g., nursing). This will involve consultations with the Nursing & Midwifery Council, Bangladesh Medical & Dental Council, and Ministry of Health and Family Welfare to ensure clarity and transparency and prevent future professional conflicts.

v. **Feasible Delivery & Assessment Models:** Design feasible delivery models suited to BOU's open and distance learning (ODL) system, integrating digital learning, printed materials, and practical sessions. Models should consider BOU's specific infrastructure and partnership capabilities. The study will propose approaches for supervised practicum in partnership with hospitals, NGOs, and home-care agencies, and define suitable competency-based assessment systems. Options will consider cost, accessibility, and scalability.

vi. **Quality Assurance, Accreditation & Progression:** Recommend quality assurance and accreditation mechanisms to ensure consistent course delivery and learner outcomes. The study will outline standards for trainer qualifications, learner support, and monitoring, and propose linkages with NSDA, BTEB, and relevant health councils. It will also define clear progression pathways from caregiver certification to advanced training or higher education.

vii. **Gender, Inclusion & Safeguarding:** Analyze participation barriers for women and marginalized groups, proposing gender-responsive and inclusive delivery strategies such as flexible learning hours, local practicum options, and learner support services. The study will integrate safeguarding, ethics, and psychosocial wellbeing considerations into both training and employment contexts to ensure safe learning and working environments. It will also explore and document traditional cultural and indigenous care and healing approaches to understand their role in community care and assess their potential for respectful integration or acknowledgment within a formal, competency-based curriculum.

viii. **Costing, Business Model & Sustainability:** Develop a costed implementation model covering content development, faculty training, practicum delivery, and quality assurance. It will explore viable financing options, including public funding, employer partnerships, and cost-sharing

mechanisms. The study will recommend a financially sustainable model for BOU to institutionalize the caregiver course within its long-term academic portfolio.

4. Proposed Tasks & Activities

Phase 1 – Inception: Kickoff and Inception Report

The inception phase will include a kickoff meeting with BOU, UNICEF, and relevant partners to confirm objectives, methodology, deliverables, and timelines. The consultants will prepare and submit an Inception Report detailing the final work plan, research tools, sampling strategy, and coordination mechanism. This phase ensures a shared understanding of expectations and a clear roadmap for the study. During the inception phase, the study's analytical framework and indicative research questions across the seven workstreams will be reviewed and refined to ensure clarity, policy relevance, and alignment with stakeholder priorities.

Phase 2 – Desktop Review & Tool Development: Desk Research and Instrument Design

This phase will involve a comprehensive desk review of national and international literature on caregiving labor markets, training models, and competency standards. The team will develop and pre-test data collection instruments (survey questionnaires, KII/FGD guides, and provider mapping templates) and finalize the fieldwork plan. The output will be a concise evidence brief and validated research tools ready for deployment.

Phase 3 – Field Data Collection & Mapping: Employer, Provider, and Market Analysis

During this phase, the team will conduct primary data collection across selected urban and rural locations to capture both demand and supply perspectives. This will include interviews and surveys with employers (including Industry Skill Councils), providers, and potential learners, as well as mapping of existing caregiving courses and practicum facilities. The output will be a consolidated dataset and Market & Provider Mapping Report summarizing key findings.

Phase 4 – Analysis & Options Development: Synthesis and Model Design

The consultants will analyze qualitative and quantitative data to identify key trends, gaps, and opportunities in the caregiving training ecosystem. Based on findings, the team will develop feasible options for course design, delivery models, accreditation pathways, and costing scenarios for BOU. A Draft Feasibility and Options Paper will be produced for internal review and feedback.

Phase 5 – Validation & Finalization: Stakeholder Validation and Final Reporting

The draft findings and proposed models will be presented in a validation workshop with BOU, UNICEF, NSDA, and key stakeholders to refine recommendations and confirm next steps. Feedback will be integrated into a Final Feasibility, Scoping, and Mapping Report, including the pilot design, costing, and implementation plan. The final output will also include a policy brief and presentation slides for dissemination.

5. Deliverables & Timeline (indicative)

The timeline below has been proposed as a guidance. The proposed seven-week timeline is indicative and will be reviewed and finalized during the inception phase to ensure feasibility. The

study acknowledges the need for ethical clearance for primary data collection activities, including surveys, KIIs, and FGDs, in line with UNICEF and BOU evidence-generation protocols. The final timeline will account for ethical approval processes, fieldwork logistics, and quality assurance requirements.

a) **Inception Report (Week 1)**: The Inception Report will outline the consultant's understanding of the assignment, finalized methodology, work plan, sampling strategy, and stakeholder engagement plan. It will also include draft data collection tools, a proposed fieldwork schedule, and a quality assurance plan. Approval of this report will mark the formal start of implementation.

b) **Market & Provider Mapping Report (Week 3)**: A comprehensive report synthesizing data from surveys and interviews with employers, training providers, and other stakeholders. It will include a national inventory of caregiving courses, demand projections, provider profiles, and identified gaps in coverage, quality, and accreditation. The report will also highlight potential partnerships and practicum site options for BOU.

c) **Delivery Options (Week 4):** A focused analytical paper presenting feasible delivery and implementation model for the BOU Caregiver Course. The option will include indicative costing, institutional arrangements, and sustainability considerations to support decision-making. The paper will include specific recommendations for BOU's implementation model, governance, and partnership strategy, based on the institutional capacity analysis and model mapping.

d) **Validation Workshop Summary (Week 5)**: A concise report documenting the stakeholder validation session, including key feedback, agreements, and adjustments to the study's findings and recommendations. It will summarize participant input from BOU, UNICEF, NSDA, employers, and training providers, and outline next steps for pilot design and rollout

e) **Final Report & Dissemination Package (Week 6)**: A comprehensive Feasibility, Scoping & Mapping Study Report integrating all research components and stakeholder feedback. It will include final recommendations, pilot design, costing, M&E framework, and sustainability roadmap. The dissemination package will consist of a policy brief, PowerPoint summary, and supporting annexes.

f) **Presentation of Findings (Week 7):** A formal presentation summarizing key findings, recommendations, and implementation priorities for senior management of BOU, UNICEF.

6. **Reporting Lines & Coordination**

A Joint Coordination and Reference Committee will be established to provide oversight and technical guidance for the implementation of the feasibility, scoping, and mapping study. The Committee will comprise designated technical representatives from Bangladesh Open University (BOU) and UNICEF, with selected participation from relevant stakeholders such as skills authorities, employer representatives, and sector experts, as appropriate. The Committee will provide strategic direction, technical inputs, and support access to information and key stakeholders as required.

The study team/consultant will report jointly to designated focal points at BOU and UNICEF. A lead technical focal person from each organization will serve as the primary point of contact for day-to-day coordination, technical guidance, and review of deliverables.

The study team will participate in regular coordination meetings with the Joint Committee—typically on a monthly basis—to share progress updates and emerging findings, discuss methodological or data collection challenges, validate tools and approaches, and agree on next steps and timelines. Additional meetings may be convened, as needed, during key phases of data collection, analysis, and validation.

7. **Team Composition & Required Expertise**

The assignment will be delivered by a compact, multidisciplinary team with proven expertise in labor market research, skills and accreditation systems, and open and distance learning (ODL). The team should be capable of conducting market analysis, stakeholder mapping, and feasibility assessment to guide BOU's caregiver course development. The team members should cover the following area of expertise:

a) **Team Leader / Principal Consultant:** Overall direction, coordination, and quality assurance of the study. Should have experience leading education or skills development projects, conducting feasibility or market studies, and engaging with government and institutional stakeholders such as BOU, NSDA, or BTEB.
b) **Labor Market & Research analysis skills:** Data collection and analysis on labor market demand, employer needs, and existing training provision. Should have strong research design, data analysis, and reporting skills, and prior experience in employment or TVET sector studies.
c) **Skills Standards & Accreditation:** Reviews national competency standards, accreditation frameworks (NSDA, BNQF, NTVQF), and institutional requirements for recognition and certification. Should have experience in TVET policy or standards alignment and understanding of how courses articulate into national qualification frameworks.
d) **Field Coordinator / Research Associate:** Supports field planning, logistics, and coordination of surveys, KIIs, and FGDs across multiple locations. Ensures data quality and timely reporting. Should have experience with large-scale data collection and stakeholder coordination in education or skills development projects.

8. **Methodology & Quality Assurance**

The study will apply a mixed-methods approach, combining quantitative and qualitative techniques to ensure a comprehensive understanding of the caregiving training landscape in Bangladesh. Quantitative data will be collected through structured employer and provider surveys to capture demand trends, course characteristics, and employment prospects. Qualitative insights will be gathered through key informant interviews (KIIs) and focus group discussions (FGDs) with stakeholders such as learners, employers, regulators, and training institutions to contextualize findings and explore perceptions, challenges, and opportunities. Digital data collection tools, including online surveys, will be used where feasible, and AI-supported text analysis may be applied to open-ended responses to enhance analytical depth. The study will also review and, where relevant, align findings with regional and international frameworks such as NSDA competency standards, WHO guidance, and relevant ASEAN or SAARC good practices.

A detailed desk review will supplement field research, drawing on existing reports, policy documents, and relevant international experiences. All data collection tools will be reviewed and

approved during the inception phase, and pilot-tested prior to field deployment to ensure clarity and reliability.

Sampling and fieldwork will be designed to ensure national-level representation, covering diverse geographic areas (urban and rural), care settings, and population groups. The sample size should be set at no more than 300 respondents.

To ensure quality assurance, the study will follow ethical research protocols, including informed consent, confidentiality, and safe data handling procedures. Data will be triangulated across multiple sources to strengthen validity. Draft reports will undergo internal technical review by BOU and UNICEF focal points, as well as external peer review prior to finalization, ensuring methodological rigor, accuracy, and policy relevance of findings

9. Budget & Payment Schedule

Indicative schedule:

- 20% on Inception Report
- 30% on Draft Mapping Report
- 30% on Draft Final Report, Validation, Presentation
- 20% on acceptance of Final Report

10. Ethical Considerations & Safeguarding

Follow BOU safeguarding standards. Privacy, gender-sensitive facilitation and data protection are mandatory.

11. Stakeholder Engagement & Dissemination

Engage NSDA, BTEB, Industry Skill Councils, Nursing Council, Ministry of Health, employers, major training providers and NGOs during validation. Final dissemination: national workshop and policy brief.

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[i] https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1517482/full
[ii] Better Primary Health Care for the Older Population in Bangladesh, October 2023
[iii] Global Coalition On Aging+1