

Statement of Work for the Audiovisual Production “Access to and Utilization of Lifesaving Services by Marginalized Communities in Chittagong Hill Tracts in Bangladesh” Project

About Helen Keller Intl Bangladesh

Established in 1915, we are guided by the fierce optimism of our co-founder, Helen Keller, who advocated for people who would have otherwise been left behind. Today, inequities in health and food systems rob more than one billion people around the world from their right to achieve good health, sound nutrition, and discover their own, true potential. Improving those systems is the only way to improve lives on a large scale and for the long term. We partner with communities by helping them to grow and access nutritious food, stave off malnutrition, build strong immune systems, access life-saving medical treatments, and prevent blindness and vision loss. Working in 20 countries across Africa, Asia, Europe, and the United States, we provide the right support at the right time for 81 million children and family members annually, so they can discover their true potential.

Since 1978, Helen Keller Intl has worked in Bangladesh with the Government of Bangladesh and partner organizations for the communities that live with persistent cycles of poverty to eliminate barriers to nutrition and healthcare, so children and families can realize their true potential. We provide the essential elements of good health, sound nutrition, clear vision, climate-smart agriculture helping millions of people achieve lasting change in their own lives. Helen Keller Intl Bangladesh has successfully designed, implemented & monitored over 40 community-based health, food & nutrition security projects, benefiting millions of people and empowering the vulnerable to reach their true potential. Our collective actions are not only helping communities make positive changes for today but creating positive ripples for generations to come.

About “Access to and Utilization of Lifesaving Services by Marginalized Communities in Chittagong Hill Tracts in Bangladesh” Project

The program aims to reduce acute malnutrition and strengthen household resilience through an integrated nutrition, livelihood, and WASH approach.

Under Outcome 1, the project will improve prevention, early detection, and management of acute malnutrition among children under five by establishing and operationalizing functional Severe Acute Malnutrition (SAM) management units at Upazila Health Complexes and District Hospitals, strengthening community-based screening and referral systems through trained Community Nutrition Promoters (CNPs), and improving Infant and Young Child Feeding (IYCF) practices among mothers and caregivers. Key interventions include capacity building of health service providers and frontline government workers, mass Mid-Upper Arm Circumference screening, referral and transportation support for SAM cases, treatment of identified SAM children, regular joint supervision with government authorities, and community-level behavior change activities such as courtyard sessions and cooking demonstrations to promote optimal breastfeeding and complementary feeding practices.

Under Outcome 2, the project will enhance household food and livelihood security for families with SAM and Moderate Acute Malnutrition children by combining emergency nutrition assistance with longer-term livelihood support. This includes providing monthly cash assistance to ensure access to nutritious diets, regular household follow-up by CNPs to reinforce nutrition practices, and market-driven livelihood interventions. Vulnerable households will be supported through rapid market assessments, formation of Income-Generating Activities (IGA) groups, orientation and business planning sessions, conditional

cash support for income generation, ongoing coaching and mentoring, and joint monitoring visits with relevant government departments to strengthen economic resilience and self-reliance.

Under Outcome 3, the program will increase access to safe drinking water and climate-resilient sanitation for vulnerable households in targeted communities. In collaboration with DPHE, the project will identify and establish locally appropriate water supply solutions, particularly Gravity Flow Systems using spring water, alongside the construction or rehabilitation of climate-resilient sanitation facilities, including latrines and handwashing stations. Community ownership and sustainability will be ensured through the formation and orientation of water point management committees, allocation of reserve maintenance funds, and regular joint supervision visits with government counterparts.

Objectives of the Assignment

To produce ONE high-quality audiovisual that clearly highlights:

- The integrated life-saving services of nutrition, strengthening health systems, food security and WASH under the “Access to and Utilization of Lifesaving Services by Marginalized Communities in Chittagong Hill Tracts in Bangladesh” project, including real-life stories from community members, community nutrition promoters, and key stakeholders at both local and national levels, reflecting the project’s positive and impactful outcomes from the ground.

This audiovisual will be displayed at events to showcase Helen Keller Intl Bangladesh's project activities, which adhere to Helen Keller Intl brand guidelines, across various social media channels and events organized by Helen Keller Intl and its partners in the country and will be shared with Helen Keller Intl local and global audiences.

Target Audience

Primary Audience

- Government decision-makers and policymakers
- Public health and nutrition professionals
- Donors
- Global and national development partners

Desired response:

To build understanding, confidence, and motivation to strengthen health and nutrition systems, invest in proven approaches, and expand support for vulnerable populations.

Secondary audience:

- Civil society organizations
- International and national non-governmental organizations
- Development practitioners implementing similar programs

Desired action: To encourage learning, adaptation, and collaboration in delivering effective, people-centered health and nutrition interventions, particularly for women and children under five.

Narrative Approach

The audiovisual should follow a people-centered storytelling approach, anchoring technical interventions in lived experience. The narrative should:

- Begin with people (a mother, caregiver, health worker, or farmer)
- Show how challenges affect daily life before introducing solutions

- Clearly connect project activities to visible change and improved well-being
- Use simple, non-technical language that can be understood by both expert and non-expert audiences
- Balance human stories with credible evidence and stakeholder voices

Scope of Work

- Life-saving interventions: A 4–5-minute video highlight community nutrition promoter activities, IGA, WASH and a mother or child story that demonstrates positive change at community level which reflect key project activities.
- Develop and finalize storylines, storyboards, and scripts in collaboration with Helen Keller Intl Bangladesh and the global team.
- Translate scripts, voiceovers, on-screen text and transcripts as required.
- Conduct filming in project areas (**possible six locations mentioned below**) for collecting testimonials and footages as per the script/storyboard under the guidance/in close collaboration with the Helen Keller Intl Bangladesh and global team. The filming process is expected to require **approximately 08 days** and will take place across **one month (Mid October–Mid November 2026)** following contract signing.
 - **Rangamati District** (any suitable two sub-districts-TBD)
 - **Khagrachari District** (any suitable two sub-districts-TBD)
 - **Bandarban District** (any suitable two sub-districts-TBD)
- Conduct interviews with project participants, community nutrition promoters, government representatives, and project staff.
- Capture aerial footage using drones, subject to official approvals.
- Edit videos, including color grading, motion graphics, subtitles, voiceovers, and background music (copyright-free).
- Use only original, non-artificially generated visuals, audio, or narration, in line with Helen Keller Intl policy.
- Incorporate existing photos and videos provided by Helen Keller Intl Bangladesh.
- Ensure professional broadcast quality (minimum high definition) and clear project visibility.
- Produce 100 high-quality raw and edited photographs documenting project activities.
- Present draft versions for review and incorporate feedback before final submission.

Deliverables

The following deliveries are expected from the production agency/company:

- **One finalized storyboards and scripts** approved by Helen Keller Intl.
- A detailed **work methodology and filming plan** covering the two-month production period.
- **One finalized audiovisual** in two versions showcasing the overall project activities and impacts, human stories and testimonials (**6 min long and 3 min short version in both English and Bengali Voiceover**).
- Produce **5 case stories** in the Helen Keller Intl prescribed format, accompanied by **100 high-quality raw and edited photographs** showcasing project activities.
- All raw and final video files submitted to Helen Keller Intl.
- Signed consent forms for all participants featured.

Timeframe and deadlines

Draft script and production schedules should be submitted for approval no later than **7 days** after signing the contract. The contact duration will be for one month (**October 15 - November 15, 2026**) including shot for **08 days** as per approved scripts concept, and the 'final version of the videos' ready for display should be handed over no later than **November 15, 2026**.

Schedule of Deliverables

The Agency is responsible for the timely submission of the following deliverables as part of the Scope of work:

SN	Deliverables	Timeline
1.	Development of the scripts which should be creative and technically sound, showcasing storytelling and bold impacts of the project.	7 calendar days from the initial meeting with the team
2.	Submit approved script, storyboard with detailed timeline of the production process and ensure the timely delivery of the service	After 2 calendar days from the submission of 1 st draft of script and storyboard
3.	Audiovisual production shot in agreed locations to capture project interventions, activities, impact, testimonials and success stories	8 days across the one month from Mid October-Mid November 2026
4.	1 st draft of audiovisual production: as specified in the deliverables section, with the stated duration.	November 01, 2026 , after completing all the activities shoot from the ground
5.	2 nd draft of audiovisual productions 4-5 min duration with music, voice over (English and Bengali) and graphics	After 3 days of the 1 st draft feedback
6.	3 rd draft of audiovisual productions 4-5 min duration with music, voice over (English and Bengali) and graphics	After 3 days of the 2 nd draft feedback
7.	Finalization of Audiovisual productions with subtitles (English and Bengali), Voice over (English and Bengali), Music, Graphics, Color Corrections for all versions of documentary	After 5 days of the 3 rd draft feedback
8.	Incorporate global feedback and share final versions of videos and share all the raw footages with B-roll, interviews with timeline transcripts and final version videos with transcripts and photograph with proper media consent form.	November 15, 2026

Focus

- Audiovisual production show human interest stories of mothers, children, Community Nutrition Promoters, health workers, IGA, Food Basket and WASH intervention at project areas which showcase Z-Scoring screening, severe acute malnutrition unit, Breastfeeding Corner, cooking demonstrations, courtyard session, counselling, Food Basket, Business Plan, IGA, climate-smart agriculture hands-on training, WASH including Water-Point & latrine installation with happy and smiling faces of mother children.
- Success stories and testimonials reflect the positive change of participants and community nutrition promoters because of project activities, as well as testimonials from local and national public health decision-makers.

Required qualifications and experience

Minimum eligibility criteria:

- The agency must have a minimum of five (5) years' experience in producing documentaries/TVC/OVC/AV Production/Docudrama/Tele Drama.
- Experience with the development sector, especially health, nutrition & agriculture and having at-least 3 similar productions; Verified from the links previous work.
- Excellent technical capacities to ensure smooth and high-quality production.
- The director/creative director, script writer and cinematographer for video documentaries must have at least five (5) years of experience in leading standard video documentary and postproductions.
- Expertise in updated video editing (premiere pro, final cut, after effect), color grading, motion graphics, voice over software and tools.
- The firm must have access to the required equipment (camera, light, sounds and drone) to produce global standard video documentary.
- Please provide a brief specification of the equipment proposed to be used for the productions (owned or hired).
- The team should have the ability to work in remote areas of CHT and capture and respect culturally sensitive content and strong understanding of the indigenous community settings and sensitives.
- Strong storytelling and visual communication skills and respect and portrait the dignity of participants.
- Knowledge of child rights, gender, values & norms of indigenous community people, civil society, local administrative and policymakers is a plus.
- Willingness to comply with Helen Keller Intl child protection and safeguarding policies and procedures.
- The team should have a strong understanding of the target audience, also patience and empathy to capture testimonial from rural and urban participants.
- Knowledge of safety and security considerations in remote areas of the Chittagong Hill Tracts (CHT), with the ability to support safe and well-coordinated team travel.
- The vendor must provide trade & VAT license copy, BIN and TIN copy.

Selection Criteria

The evaluation of the agency will be based on the combined scoring method where the methodology, qualification and experience are given 80% weightage and financial offer will be given 20% weightage. Only agency achieving a minimum of 60% of the total points under technical evaluation would be considered for the financial evaluation.

The following specific criteria will be assessed:

Area (s)	Scoring Criteria	Marks
Technical-80	Understanding the assignment	10
	Creative Brief: Showcase strong storytelling and content creation skills, create compelling and engaging content that resonates with target audience and aligns with lifesaving interventions.	20
	Audiovisual production Methodology: Script, pre-production production; postproduction plan sharing for story making.	
	Experience of team leader & team composition: Does the consulting firm have a dedicated team with relevant experience in video production? Do they showcase the expertise and	20

	credentials of key team members with proven success in similar projects?	
	Work methodology, Plan and division of tasks: Breakdown of tasks according to timeline.	15
	Organizational Capability of conducting audiovisual production. Strong track record of previously completed assignments with International NGO/ UN Organization/ Development partners	15
Financial-20	Competitive pricing (including VAT & TAX) and overall reasonable, justifiable financial proposal and submitting updated Trade license copy, TIN certificate copy, BIN copy.	20
Total		100

Tentative Payment Schedule

Deliverables	Payment in (%)
Upon submission of final deliverables approved by Helen Keller Intl	100

Guideline for Proposal Submission

The proposal (duly signed) should comprise the following sections within 10 pages (**Font Arial, 12 and Line Spacing 1.5**). Proposal will be accepted only through email Bangladesh.Procurement@hki.org in PDF form duly signed by mentioning subject line **“Audiovisual for Access to and Utilization of Lifesaving Services by Marginalized Communities in Chittagong Hill Tracts in Bangladesh Project”** by **11.59 pm Bangladesh Time 6 October, 2026**.

Guidelines and Timeline for submission will be strictly enforced.

The technical proposal must include the following:

- Company/Agency Profile
- Understanding of the Assignment
- Synopsis of idea
- Work schedule
- Team composition
- Company/Agency strength
- Sample of relevant work

Support provided by Helen Keller Intl

- Communication Brand Guidelines of “Access to and Utilization of Lifesaving Services by Marginalized Communities in Chittagong Hill Tracts in Bangladesh” Project.
- Project relevant Information and documents for review.
- Identification of project locations and selecting participants & key stakeholders.
- Additional photos and videos previously captured.
- Helen Keller Intl Media Consent form and guidelines.

Ethical Considerations

The agency must adhere to Helen Keller Intl ethical guidelines, ensuring respect, confidentiality and informed consent during filming and interview.

Copyright

Helen Keller Intl will reserve the Intellectual Property Rights (IPR) for all deliverables of the assignment. Helen Keller Intl authority also reserves the right to cancel, change, and modify any part or the whole assignment any time before the contract or during the contract period.

Reporting

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