



## **Re-issue, Request for Proposal- RFP**

Issued by  
FHI Solutions

(Strengthening community-based approaches for improved MIYCN and inter-linked health, preventive and promotive practices and services)

**Issued on:** January 2, 2022

**Title:** Develop a technology solution to strengthen community-based approaches for improved MIYCN and inter-linked health, preventive and promotive practices and services

**Proposal Deadline:** January 16, 2022

**Anticipated Period of Performance:** February 01, 2022- April 30, 2022

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### **Initiative/Project Background:**

Bangladesh has made significant progress in achieving global health and nutrition targets including Millennium Development Goal 4 target on reducing under-five mortality<sup>1</sup>. However, the nutritional status of mothers and children remains a concern, and is critical to addressing mortality, morbidity (e.g., life-time chronic disease risk) and loss in economic productivity. The Government of Bangladesh (GoB) is committed to mainstreaming nutrition and endorses a life-cycle approach for maternal, infant, and young child nutrition (MIYCN) with a combination of nutrition-specific and nutrition-sensitive interventions<sup>2</sup>. Through Community Clinics (CC), several services have been brought closer to the community. The National Nutrition Services (NNS) Operational Plan (OP) budgets for MIYCN services such as social and behaviour change communication through individual and group counselling, micronutrient supplementation, growth monitoring and follow-up, and creating community demand for MIYCN services<sup>3</sup>. These services are delivered by frontline workers (FLWs) and volunteers under other OPs, namely, Community Based Health Care (CBHC), Maternal Child Reproductive Adolescent Health (MCRAH) under Directorate General of Family Planning (DGFP) and Maternal Neonatal Child and Adolescent Health (MNCAH) under Directorate General of Health Services (DGHS). Despite these developments, current community based MIYCN interventions are of uneven coverage, quality and less supervised. Many MIYCN services are still provided only at the facility level and linkages between the community and facilities remain inadequate. Communities do not benefit from complementary services provided by the myriad FLWs due to systemic challenges across multiple OPs. The two critical FLWs responsible for last mile service delivery for pregnant women, lactating mothers and children are the Health Assistants (HA, under DGHS) and Family Welfare

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<sup>1</sup> Khan JR, Awan N. A comprehensive analysis on child mortality and its determinants in Bangladesh using frailty models. Arch. Public Health. 2017. 75, 58. <https://doi.org/10.1186/s13690-017-0224-6>

<sup>2</sup> MoHFW Government of Bangladesh (GoB) (2017) Second National Plan of Action for Nutrition 2016-2025

<sup>3</sup> NNS, IPHN. DGHS. 4th HPNSP, Operational Plan (2017-2022).

Assistants (FWAs, under DGFP). Recently, in 106 upazilas Multipurpose Health Volunteers (MHVs) were introduced under CBHC to augment community-facility linkages. UNICEF and FHI are working closely with the GoB-NNS, MNCAH, MCRAH, CBHC and MIS to review, design and test a package of community-based MIYCN and interlinked services under Primary Health Care. A detailed review of the current community-based MIYCN and inter-linked services systems indicated need for technology solutions to improve coordination, self-learning and accountability for community based services across FLWs and their supervisors in addition to strengthening other enabling factors like supportive supervision and community engagement. HAs and FWAs have complementary target groups but lack of data sharing across Directorates results in inconsistency in reported denominators and lack of convergent planning. Services provided through community based platforms like home visits by FLWs, outreach events – EPI sessions and satellite clinics and courtyard meetings get frequently missed in the reporting chain. The challenges faced by FLWs in last mile service delivery need to be enumerated and made available to first and second line supervisors for local decision making to overcome these challenges.

A technology tool that has been widely used globally and in Bangladesh to address aforementioned issues is mobile-Application (mApp) and dashboards for FLWs and their supervisors. mApps have been piloted in Bangladesh by CBHC, DGHS and DGFP. , MHVs, who are compensated for each of the activity that they accomplish, use an mApp in the 36 upazillas where they operate on a pilot basis to track their work activities. HAs are currently piloting another App, mTikka, in 9 upazillas. Both Apps operate on Open SRP, a platform that enables easy integration with DHIS2. The PRIMA (Population Registration and Information Management Application) used by over 1800 MHVs and at CCs has enabled individual patient profiling and linkage to unique health ID. There are over 1.2 million registered clients under PRIMA. HAs use mTikka for registration and follow-up for antenatal care, growth monitoring and immunization services. DGHS too is in process of digitizing FWA registers -SPIDER used by FWAs for registration and follow-up of eligible couples, pregnant women and children, to list a few. In the private sector mApp linked data collection has a wider net with over 60 million clients registered under BRAC's Health Nutrition and Population Program and over 1.2 million under the *Sujer Hashi* clinics network. SPIDER is also programmed on Open SRP.

The mApp technology and its integration into GoB HMIS have been tested in Bangladesh. However, current pilots are under purview of different Directorates with no data sharing for coordinated service delivery. There is a need for an mApp that allows for data sharing and learning across FLWs and on the entire spectrum of services from pregnancy till child is three years of age to ensure continuum of care. This requires use of a standard mApp by the different Directorates.

### **Objective:**

The objective of this project is to develop mApp that guides FWAs and HAs as well as enables reporting on home visits, community-based events and outreach activities undertaken

by them. The project covers a range of community-based nutrition and inter-linked services for pregnant women, lactating mothers, newborns and children under three years of age.

The mApp will include the three major components, as below:

- Features for FLWs help them plan and conduct their outreach activities and collect beneficiary and service information in an automated way
- Responsive web dashboard, supportive supervision visit workflow and decision support tools for frontline supervisors (Family Planning Inspector-FPI for FWAs and Health Inspectors-HI or Assistant HI for HAs) to help them plan and conduct their supportive supervision activities with frontline workers and collect information on observed service quality and supportive supervision tasks in an automated way,
- Responsive web dashboard features and review meeting workflow simplifying the review of service provision data for supervisors to help them utilize system data to conduct monthly review meetings and make programmatic decisions to improve performance.

In addition, the mApp will aid FWAs and HAs in:

- Synchronizing target group lists
- Better tracking and follow-up to reduce left-outs and drop-outs from system
- Support workflow for home visits and events
- Reporting on community-based services
- Make access to Social and Behavior Change Communication (SBCC) resources easier and
- Include self-learning tools

This mApp should allow for integration with DHIS2 and should be integrated with the MHV daily data capture App already in use under CBHC. mApp functionalities should also incorporate the functionalities of the mTikka and SPIDER App. As a result, the use of Open SRP as a development platform is preferred, although not required if such features can be achieved effectively and efficiently with another open-source technology stack.

### **Detailed description of tasks:**

The service provider will develop a mApp to be used by GOB to strengthen community-based approaches for improved MIYCN and inter-linked health, preventive and promotive practices and services. The service provider will complete the following specific tasks:

#### **Activity 1: Requirement analysis and design of the ICT Solution**

- **Functional requirements and signoff from government:** Based on collaborative sessions with the FHIS team, the design team will document the key features and attributes of the proposed solution in a draft functional requirements document to provide a thorough idea of how the end-product should perform to meet the end-user needs with guidance from technical experts. Sign-off from the concerned government authorities will then be required before proceeding to prototype. If required, a MoU between FHIS and respective GoB authorities will also be signed/renewed. The service provider will provide necessary technical or consultive support in the process of signing/renewal of MoU. The service provider will also share previously approved

MoU, as template, and other relevant documents with FHIS. As part of sign-off activities, the project should consult with the MIS Department to ensure its ability to support the hosting and maintenance of the App.

- **Prototyping:** Following the ideation and signoff from the respective government authority, the design team will develop multiple quick and dirty prototypes of the proposed solution for validation with the key stakeholders and end-users. Depending on the development approach recommended by the design team, the functional requirements and prototyping steps could be merged into one phase, involving a series of development “runs”.
- **Validation of the solution design with the stakeholders:** Upon designing multiple prototypes, the service provider will conduct a validation workshop with the respective government authority and stakeholders where the early version of the prototypes developed will be placed before end-users to collect their feedback and modify the solution design.
- **Preparation of Functional Requirement Specification document (FRS), Software Requirement Specification (SRS) and buy-in from FHIS:** Following the validation workshop, the design team will prepare the FRS and SRS document which will contain the indicative mockups of the proposed solution, instructions on the data type and format to be collected, how key indicators will be derived from this data and the levels of user access. Then the FRS and SRS will be submitted to FHIS for buy-in.

### **Activity 2 - Application development and testing in multiple iterations**

Following the FRS and SRS developed in consultation with key stakeholders and finalized with FHIS, the application development team of the service provider will develop and test the proposed application in two iterations. During each of these two iterations, Quality Assurance and Testing (QAT) Team of the service provider will carry out component/unit testing, integration testing and system testing to ensure the quality of the system.

### **Activity 3 - User Acceptance Testing (UAT)**

This will be the last stage of the testing process, where the beta version of the solution will be validated against the end user requirements and for accuracy. Minimum 15- 20 of actual users of all user groups- FLWs (HA, FWA), supervisorss (HI, AHI, FPI) and managers (UH&FPO, UFPO) will try out the software for UAT. Once the UAT is executed, the application development team will incorporate feedback received from UAT before hosting and deployment of the solution. The vendor will submit a UAT report detailing all Use cases tested with test case results.

### **Activity 4 - Hosting and deployment**

FHIS will work with GoB to align on hosting preferences to meet GOB’s requirements and allow for easy access by users where the service provider will assist FHIS with technical or consultive supports. When the developed solution will be released for deployment, the

service provider will install and configure the system for deployment at the hosting server facilities (DGHS MIS server) or a server arranged by FHIS depending on government preference. A letter of support may require hosting the mApp at DGHS MIS server. The service provider will provide necessary technical assistance to issue the letter from respective GoB authority. The service provider will arrange a solution launching workshop at central level with the key stakeholders.

#### **Activity 5 - Orientation on mApp**

After deploying the solution, the service provider will conduct following orientation session for ensuring transfer of knowledge and sensitization:

- 1 (one) orientation for FHIS and other stakeholders at central level (2 Day-long)

#### **Activity 6: Commissioning and handover**

After the hosting and deployment, the service provider will ensure a complete hand-over of technology and knowledge when delivering the final product for acceptance. A ‘commissioning ceremony/ meeting’ will be organized with respective GoB authorities and partners by the service provider.

#### **Deliverables (and payment schedule if applicable)**

<b>No.</b>	<b>Deliverable</b>	<b>Deliverable Due Date</b>
1.	a. Finalize features and attributes of the solution, b. Prepare workflows of technology solution for end-users	February 15, 2022
2.	a. Functional Requirement Specification document (FRS), b. Software Requirement Specification (SRS) document, c. MoU technical part writeup d. Guidance note for communication with designated GoB counterpart e. Prepare slide deck for GoB authorities/ other partners, f. Review MoU, signed off letter and other necessary documents, g. Detail plan of actions on app. development, h. Summary findings of desk review, IDI and KII	February 30, 2022
3.	a. Beta version of the solution ready for User Acceptance Testing (UAT), b. Software quality assurance and integration testing report	April 15, 2022
4.	a. System deployment report in GoB server, b. Solution launching workshop report.	April 31, 2022
5.	Report on orientation and sensitization	April 31, 2022
6.	All Relevant Software documentation– Final features and attributes of the solution, workflows of technology solution for end-users FRS, SRS, design/architecture documentation, documentation on any third-party software or APIs, license details (if any) and licensing agreements (if needing to be transferred), all code testing reports, UAT final reports, final	April 31, 2022

No.	Deliverable	Deliverable Due Date
	report with source code, all other credentials with all relevant project documentations.	

### **Proposal Instructions and Deadline**

Responses to this RFP should be submitted by email to the FHIS project to the attention of smabdullah@fhi360.org and kdarvesh@fhisolutions.org **no later than January 16, 2022 at 5 p.m. (Dhaka time)**. Offers received after this date and time will not be accepted for consideration. FHI will acknowledge receipt of your proposal by email. Proposals must be submitted in electronic format.

Any questions or requests for clarification need to be submitted in writing to the same email addresses **by January 9, 2022 at 5 p.m. (Dhaka time)**. Answers will be shared with all firms. No telephone inquiries will be answered.

The resources are limited for this project and credit will be given for reflecting efficient and cost saving measures.

**Please note, Agencies who already submitted a proposal in last 18<sup>th</sup> December 2021 no need to re-submit**

In order to be considered, **PROPOSALS** must include the following:

I. Capability Statement – not to exceed three pages, indicating size of the agency, staff strength, past experience in similar capacity, work with donor organizations and the Government of Bangladesh etc.

- a) Organization/ agency should have at least 10 years experiences and currently being engaged in developing relevant mobile Apps within the private and public sector spaces. Strong preference for extensive experience in open-source technologies and platforms. (e.g. OpenSRP/DHIS2 Spider & DGFP/ CBHC Platform)
- b) Organization / agency should have in-depth knowledge and understanding of the primary health services delivery system in Bangladesh.
- c) Organization/agency having experience in implementation of scaled open sourced solutions in digital health and /or nutrition services with proof
- d) The organization/agency should have proven prior experience of working with different stakeholder of government of Bangladesh as well as working with international non-Governmental organizations.
- e) The organization should have significant experience of developing mobile applications built around OpenSRP/DHIS2 or similar open-source platforms.
- f) Organization should have significant experience working with DHIS2; the organization should also have experience in building and maintaining interfaces with key gov of BD solutions like DHIS2 and OpenSRP.

II. Staffing Plan –names, brief (1/2 page) bio sketch of key management and technical staff.

III. References and Past Performance - Client list with names of contact person – at least two recent (within the past 2 years) organizations for whom you have implemented relevant work.

IV. Approach: not to exceed three pages, indicating the development approach the organization will utilize to implement the SOW. This should include governance, project charter, risk management, communication and issue resolution and change management at a minimum.

- a. Description of the various specific activities that will be done to implement the SOW.
- b. The vendor should submit a project plan with clear milestones and timelines for the complete SOW, a detailed monthly timeline for various specific activities that will be done to complete the assignment.

#### V. Budget

- a. A **detailed budget** for the above scope(s) of work. The budget should be broken down by labor costs (please identify personnel who will perform the work), include fringe benefit costs in accordance with your company's compensation policies, travel costs, supplies, any other direct costs necessary to perform a category of work, and indirect costs. Unit costs, number of units, and unit description must be provided for every line item. Provide the budget in an excel sheet.
- b. A **budget narrative** must also be included. The **budget narrative** should describe and justify the cost assumptions **for each category and line item** in the budget spreadsheet. In the narrative, please discuss how your company provided the best value in the cost proposal and indicate how cost efficiencies are being obtained.

To the extent that overhead costs are applicable, they are subject to the following limits:

- 0% for government agencies and other private foundations
- up to 10% for U.S. universities and other academic institutions
- up to 15% for non-U.S. academic institutions, all private voluntary and non-government organizations, regardless of location, and for-profit organizations

If the organization has lower overhead rates, the lower rates should be used. Please include VAT in the cost proposal as FHI SOLUTIONS is not VAT exempt.

#### **Anticipated Contractual Mechanism:**

FHI anticipates issuing a fixed price Purchase Order to the winning proposal(s). Payment shall be based on submission and approval of deliverables, and receipt of accurate, certified invoices..

#### FINANCIAL PRE-AWARD ASSESSMENT

Should an interested organization choose to submit a proposal in response to this RFP, FHI may initiate a Vendor verification as part of the selection process. The Vendor verification is performed in line with internal policies as part of FHI's due diligence process to determine that a prospective vendor selection possesses the ability to perform successfully under the terms and conditions of the contract, taking into consideration the integrity, record of past performance, financial and technical resources of the prospective vendor.

## **Criteria for Evaluation:**

### **Technical and Cost Scores –100 points max**

1. Approach – Understanding and experience of the tasks outlined in the RFP; strategy for the App development, quality assurance and quality control – **15 points**
2. Capability Statement, References and Past Performance – Institutional experience in Bangladesh in Technology solutions – **25 points**
3. Technical solution – The proposed technology stack and solution meets the key technical requirements including proposed development timeline of the RFP -**20 points**
4. Staffing plan and qualifications of key personnel – **20 points**
5. Budget and Budget Narrative – clarity and accuracy of budget presentation, details of the budget and budget notes, price, and cost effectiveness – **20 points**

## **Withdrawal of Proposals**

Proposals may be withdrawn by written notice, email or facsimile received at any time before award.

## **Termination of Contract**

FHIS has the right to terminate the contract at any time during the contract period with a 30-day notice period.

## **False Statements in Offer**

Offerors must provide full, accurate and complete information as required by this solicitation and its attachments.

Proposals become the property of FHI SOLUTIONS.

## **Award and Notification of Selected Proposals**

FHI SOLUTIONS will not compensate offerors for preparation of their response to this RFP. Issuing this RFP is not a guarantee that FHI SOLUTIONS will award a contract.

FHI SOLUTIONS reserves the right to issue a contract based on the initial evaluation of offers without discussion.

FHI SOLUTIONS may choose to award a contract for part of the activities in the RFP.

FHI SOLUTIONS may choose to award a contract to more than one offer or for specific parts of the activities in the RFP.

Negotiations will commence with a discussion of the proposal, schedule of activities, and staffing. Agreement must then be reached on the final proposal, staffing, logistics and reporting. Special attention will be paid to clearly define the inputs required from FHI SOLUTIONS to ensure satisfactory implementation of the assignment. Changes agreed upon



will then be reflected in the budget and budget narrative, using proposed unit rates. Having selected the agency on the basis of an evaluation of proposed key professional staff among other things, FHI SOLUTIONS expects to negotiate a contract on the basis of the staff named in the proposal and, prior to contract negotiations, will require assurance that these staff will be actually available. FHI SOLUTIONS will not consider substitutions during contract negotiations except in cases of unexpected delays in the starting date or in capacity of key professional staff for reasons of health. FHI SOLUTIONS may request from short-listed offerors a second or third round of either oral presentation or written response to a more specific and detailed scope of work that is based on the general scope of work in the original RFP.

FHI SOLUTIONS has the right to rescind this RFP or rescind an award prior to the signing of a contract due to any unforeseen changes in the direction of FHI SOLUTIONS's donor, be it funding or programmatic.

FHI SOLUTIONS reserves the right to waive any deviations by offerors from the requirements of this solicitation that in FHI SOLUTIONS's opinion are considered not to be material defects requiring rejection or disqualification; or where such a waiver will promote increased competition and if such action is considered to be in the best interest of FHI SOLUTIONS' client organization, the UNICEF.

Please do not include examples of your work although you may include a website(s) for us to review that reflects your work. If FHI SOLUTIONS requires additional materials, we will request those materials during the review process.

Should FHI SOLUTIONS choose to make an award, all deliverables produced under said award shall be considered the property of FHI SOLUTIONS.

Please note that if you consider that your firm does not have all the expertise for the assignment, there is no objection to your firm associating with another firm to enable a full range of expertise to be presented. However, joint ventures between firms on the shortlist are not permitted without the prior approval of FHI SOLUTIONS. The request for a joint venture should be accompanied with full details of the proposed association and confirming joint and several liabilities.

Should FHI SOLUTIONS choose to make an award, assignment from award of contract will be subject to normal tax liability in Bangladesh. Kindly contact the concerned tax authorities for further information in this regard if required.