ALIVE & THRIVE

Request for Proposals (RFP)

Issued on: August 23, 2018

For: Request for proposal for “Baseline survey to assess implementation of home-based care for young children (HBYC) in Gaya and Sitamarhi districts in Bihar”

Anticipated Period Of performance: October 2018 - March 2019

Proposal Submission Deadline: September 14, 2018

Overview

Alive & Thrive (A&T) is an initiative to save lives, prevent illness, and ensure healthy growth and development through improved maternal, infant and young child nutrition (MIYCN) best practices. Good nutrition in the first 1,000 days, from conception to two years of age, is critical to enable all children to lead healthier and more productive lives. During 2009 – 2017 (Phase I and II), A&T has established the proof of concept that the improvement of MIYCN practices at scale is possible through large scale programs in several countries in Asia and Africa. Today, A&T is building on the successes and learning of Phases I and II, reaching new countries and regions, and improving the overall enabling environments for nutrition policy/advocacy and programming. A&T is funded by the Bill & Melinda Gates Foundation and the governments of Canada and Ireland, and is managed by FHI 360.

In India, A&T aims to contribute towards strengthening policies and systems to deliver to women and children the nutrition they need for healthy lives and accelerate scale-up and coverage of MIYCN interventions at the national level and in selected high burden states, including Bihar and Uttar Pradesh. A&T is a knowledge partner to the Gates Foundation (operating since 2015), providing high quality technical support to government, development partners, technical assistance organizations, academia and professional bodies to strengthen policies and program agenda on MIYCN using the learnings and best practices from global work and by generating new evidences as proof of concept for adaption to India specific context. A&T has been collaborating closely with Ministry of Health & Family Welfare (MoHFW) over the past two years and have contributed towards development of key operational guidelines for strengthening the MIYCN programming in the country like Operational guidelines for Mothers’ Absolute Affection (MAA), Anaemia Free India Strategy, as well as the Operational guidelines for Home based Care for Young Child(HBYC).
Introducing Home Based Care for Young Child (HBYC): Intensifying efforts to address undernutrition, MoHFW has launched a novel initiative for Home Based Care for Young Child (HBYC). The objective of Home Based Care for Young Child (HBYC) is to reduce child mortality and morbidity and improve nutrition status, growth and early childhood development of young children through additional five home visits by the designated community health worker, the Accredited Social and Health Activists (ASHAs, in coordination and with support from Anganwadi worker. Structured home visits by ASHA starting from 3rd month and continuing in second year till 15 months are proposed under Home Based Care of Young Child (HBYC) to plug the gap between health system contacts with family and provide platform to improve child nutrition, immunization, stimulate early childhood development, hygiene practices and reduce common childhood illnesses such as diarrhoea and pneumonia. Previously, structured visits by ASHAs ended on the 42nd day after birth.

The purpose of the additional five home visits by ASHAs are promotion of evidence-based interventions delivered in four key domains namely nutrition, health, child development and WASH (water, sanitation hygiene). The domain specific actions are listed in Table 1. Under Home Based Care of Young Child (HBYC) programme, the ASHAs will provide quarterly home visits (3rd, 6th, 9th, 12th and 15th months) and promote exclusive and continued breastfeeding, adequate complementary feeding, age-appropriate immunization, and early childhood development.

### Table 1: Domain specific actions under HBYC

<table>
<thead>
<tr>
<th>KEY DOMAINS</th>
<th>SPECIFIC ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION</td>
<td>Exclusive breastfeeding for six months</td>
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<td></td>
<td>Adequate complementary feeding from six months and continued breastfeeding up to two years of age</td>
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<tr>
<td></td>
<td>Iron and folic acid (IFA) supplementation</td>
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<td></td>
<td>Promote use of fortified food</td>
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<tr>
<td>HEALTH</td>
<td>Full immunization for children</td>
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<td></td>
<td>Regular growth monitoring</td>
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<td></td>
<td>Appropriate use of Oral Rehydration Solution (ORS) during diarrhoea episodes</td>
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<tr>
<td></td>
<td>Early care seeking during sickness</td>
</tr>
<tr>
<td>CHILD DEVELOPMENT</td>
<td>Age appropriate play and communication for children</td>
</tr>
<tr>
<td>WASH</td>
<td>Appropriate hand washing practices</td>
</tr>
</tbody>
</table>

A&T Technical support to roll-out of HBYC initiative in selected districts of Bihar

In collaboration with Child Health Division, MoHFW and NITI Aayog, A&T will provide technical assistance to MoHFW and State Health Society Bihar in the early implementation stage of HBYC across
two selected aspirational districts of Bihar (Gaya and Sitamarhi) to ensure quality roll-out of the initiative and facilitate capture of the early learnings and results which will inform the countrywide scale up.

To capture the early results /impact, A&T would undertake a measurement exercise (pre/baseline assessment and post implementation assessment after 15 months ) to understand the following: (i) Can the coverage and utilization of key child health & nutrition interventions (counselling on exclusive breastfeeding, age appropriate complementary feeding especially diet diversity, growth monitoring and promotion, and age-appropriate immunization) be improved as intended under HBYC program, through the additional five home visits carried out by ASHA with support from Anganwadi workers? (ii) What are the enablers and barriers both from demand and supply (systems) perspective for improving the coverage and utilization of key child health & nutrition interventions through HBYC?

Before the onset of implementation of HBYC program in the two pilot districts, it is important to conduct a baseline assessment study to identify, collect and analyse current data around coverage and utilization of key child health and nutrition interventions. The quality and reliability of the data from the baseline study is critical as the results will establish current status of coverage and utilization of key child health and nutrition interventions and practices (as articulated above), inform targets for project to achieve in a 15 months’ time, identify the enabling factors and challenges and will ultimately inform the HBYC scale up plan.

A&T is seeking proposals from interested bidders to conduct a baseline assessment study in Gaya and Sitamarhi districts in Bihar.

1. Objective of the Baseline Assessment

The objectives of the assessment of

- To assess the current coverage and utilization of key child health and nutrition interventions (counselling on exclusive breastfeeding, age appropriate complementary feeding esp. diet diversity, growth monitoring & promotion, and age-appropriate immunization)
- To determine the enablers and barriers both from demand and supply (systems) perspective for improving the coverage and utilization of key child health and nutrition interventions
- To assess current levels of knowledge, attitudes, self-efficacy, social norms and practices related to the various child health and nutrition priority outcomes among target population groups
- To assess current levels of knowledge, attitudes, self-efficacy, social norms and practices related to the delivery of key child health and nutrition interventions among FLWs

Primary Outcomes

- **Exclusive Breastfeeding practices**: Change in percentage of Children under age 6 months exclusively breastfed (%)
- **Complementary feeding practices**:
  - Change in percentage of children aged 6-8 months receiving solid or semi-solid food and breast milk (%)
  - Change in percentage of children 6-23 months of age who received foods from 4 or more defined food groups (separately for breastfed and non-breastfed children)
  - Change in percentage of children 6-23 months of age from targeted households receiving age appropriate minimum meal frequency (%)
Secondary outcomes

- Knowledge, attitudes, and practices of ASHAs, ASHA Facilitators, AWW and ANM as well a trainings and supportive supervision & monitoring received on delivery of recommended child health and nutrition interventions
  - Exclusive breastfeeding,
  - Complementary feeding minimum diet diversity in complementary feeding and meal frequency (age appropriate)
  - Age appropriate child vaccination
  - Growth monitoring and promotion of all eligible children
  - Child Anaemia and bi-weekly doses of IFA syrup
  - Use of ORS/Zinc in Diarrhoea

- Extent of interaction between FLWs (ASHA/AWW/ANMs) and mothers with children 0-23 months esp. during 3rd to 15 months of life
  - Number of children received the scheduled Home based new born care (HBNC) visits in first 42 days of life
  - Number of children (disaggregated by age groups) who receive the scheduled home visits as per HBYC
  - Exposure of mothers to nutrition counselling/messaging (esp. EBF counselling) through HBNC visits
  - Exposure of mothers to nutrition counselling/messaging during HBYC Home visits
  - Exposure to key nutrition and health services like growth monitoring, biweekly doses of IFA syrup and ORS/Zn tablets

- Knowledge, attitudes, self-efficacy, social norms and practices of mothers/caregivers of children 0-23 months on:
  - Exclusive breastfeeding,
  - Complementary feeding minimum diet diversity in complementary feeding and meal frequency (age appropriate)
  - Age appropriate child vaccination
  - Growth monitoring and promotion of all eligible children
  - Child Anaemia and bi-weekly doses of IFA syrup
  - Use of ORS/Zinc in Diarrhoea

2. Implementation of Baseline Study

The proposed intervention will be focused on benchmarking primary and secondary outcomes as mentioned above in the previous section. In terms of benchmarking key indicators, it is important to have statistically robust estimates at district level i.e. for Gaya and Sitamarhi and for each sub group i.e. Mothers of a child below 24 months, and FLWs.

Methods

A mixed method pre-post design with repeated cross-sectional surveys will be used to assess impact of the A&T interventions in two pilot districts (i.e. Gaya & Sitamarhi). The evaluation includes household and frontline worker (FLW) surveys. It would also include in-depth interviews with the district and block level program managers, ASHA trainers and block level supervisory cadres for ASHAs
Study population groups:

Quantitative survey
- Mothers of a Children below 6 Months age
- Mothers of a Children 6-23 Months
- Frontline workers: ASHAs, ASHA facilitators AWWs, ANMs

Qualitative survey: District and block level program managers, ASHA trainers and block level supervisory cadres for ASHAs

Site selection: The baseline data study will be conducted in randomly selected rural and urban areas of two pilot districts, i.e. Gaya and Sitamarhi, where HBYC operational guidelines will be implemented using government (NHM and ICDS) platform.

Scope of Work

Development of Sampling frame and identification of study participants: The bidder should outline a method for developing a sampling frame to measure expected outcomes in two pilot districts.

Constitution of field research team: The bidder should propose a Team Leader/Principal Investigator, describe the size and composition of the field research teams and supervisory staff that would be employed in data collection staff (including their minimum qualifications) and the method to be used for recruitment, and describe in detail the roles of each staff member.

Data collection training: All members of the field research teams will be trained jointly by A&T, and staff of the organization implementing the research. The training agenda will be developed and finalized collaboratively with the A&T team. The bidder should describe the resources the bidder will make available for the training, including the qualifications and prior experience of training staff, facilities and equipment. Please be sure to include plans for ethical training and procedures for protection of human subjects.

Procedures for data collection and management: The bidder should outline logistic procedures, including methods of transportation, obtaining ethical approvals, propose methods for supervision of the data collection teams, and discuss how the data will be organized, managed and secured and analysed. Field work and collection of data can only start after acquiring FHI360 and local IRB approvals.

Data analysis and report writing: The bidder should propose the software for data analysis and a process for joint reviews with A&T. Data analysis plan and report would be reviewed by A&T for quality assurance and finalized only after A&T inputs

Research Agency Deliverables:
The research agency will provide A&T with a specified set of deliverables. The deliverables include, but are not limited to:

a. Submission of a research protocol outline that includes the objectives of the study, the methodology, sampling plan, the tools for data collection (preferably CAPI based tools viz. ODK, Survey CTO etc.) and the detailed plan for data analysis
b. Work plan/chronogram (a draft should be included in the proposal, but should be refined and finalized in collaboration with A&T)
c. Report on Pre-testing of tools, and final version of tools (English and Hindi)
d. Local IRB approvals and submission of documents to A&T
e. Final training report (for field researchers)
f. Field manual including quality assurance plan & field research plan (to be reviewed and approved by A&T prior to finalization)
g. Draft tabulation & data analysis plan and outline of a baseline report for A&T’s feedback for finalization
h. Submission of draft baseline report for A&T’s feedback
i. Submission of raw data sets and summary sheets gathered during baseline assessment
j. Final report & slide deck incorporating suggestions from A&T

Support to be provided by A&T
A&T will be working in close collaboration with the research throughout the entire project period. A&T will be providing support to the research agency for:
- Drafting and finalizing sampling framework and data collection tools
- Developing online ODK software for electronic data collection tools
- Providing ongoing field support during data collection and monitoring data quality
- Conducting data analysis during and after data collection is completed
- Finalization of the report

3. Duration
The anticipated time frame is 6 months; i.e. October 2018 to March 2019

4. Submission Requirements
To be considered, bidders must provide the following:

4.1. Technical Proposal
A&T requests interested agencies to submit detailed proposals that should include the following:

Section 1: Credentials of the Firm (not more than 3 pages)
- Describe the organization, its core competencies, and organizational structure (e.g. high-level organizational chart)

Section 2: Previous Experience (not more than 4 pages)
- Agency profile with appropriate and in-depth knowledge and experience in execution of large scale household surveys in public health. Those with proven experience with handling large and small-scale studies/survey related to maternal, child health and nutrition would be preferred.
- Describe assignments of a similar nature that were successfully completed by the firms in the last three years (maximum of 5) in the specific geographic area (in Bihar) and/or on similar thematic area i.e. Infant and young child feeding.
- For each of the assignments please mention the title, duration, client, total cost, role of the firm and brief description of services rendered by the firm

Section 3: Understanding of the baseline objectives and proposed research design and sample size (not more than 4 pages)
- Describe the baseline objective and work plan. Please suggest appropriate design of the baseline study with detailed methodology (including sample size, data collection methods
and tools), logistics, including any requirements for special authorizations and the amount of time required to obtain;

**Section 4: Operational approach** (not more than 5 pages)

- **Preparation**: Describe the preparation activities the agency will undertake. Include the hiring of quality data collectors, development of field manuals, and any other field management tools.
- **Understanding of local context**: Describe any contextual considerations that must be made in order to effectively carry out the household, and frontline workers surveys in Gaya and Sitamarhi districts in Bihar. Additionally, describe the agency’s approach to managing these issues. Considerations may include but are not limited to: language of the survey, timing of data collection activities, sensitivities of the populations to be studied that may affect participation, varying perspectives on the definition of household members, and selection criteria for interviewers.
- **Staffing and team composition**: Describe the staff that will be working on this project, the recruitment method for hiring staff, number of staffs needed to complete the project, roles and relevant experience, and whether they will be working on this project full-time or part-time.
- **Equipment**: Data will be collected electronically using ODK based tools through android tablets. The agency will be required to provide tablets for all data collectors. Describe the equipment that the agency would be able to provide in order to complete data collection.
- **Training**: Describe training programs that will take place for data collection.
- **Sample frame development**: Describe how the agency will develop the sampling frame.
- **Study participant recruitment**: Describe how the agency will select households with children below 2 yrs., frontline workers (i.e. ASHA, AWW and ANMs), from the sampling frame.
- **Data collection**: Describe the logistical plan for data collection. Include how teams will travel to and around enumeration areas, how many teams will be deployed, how teams will be managed and coordinated and how data will be uploaded to the ODK server on a daily basis.
- **Quality control measures**: Describe what quality control measures will be in place to ensure accurate and complete information is gathered. Include who will be in charge of monitoring quality, how errors will be identified and corrected, how data quality will be monitored, and how staff will handle respondents that are not at home or unavailable for interviewing.
- **Data management and confidentiality**: Describe how the agency will ensure compliance with any ethical guidelines, including how data will be kept confidential and secure during field work.
- **Description of the deliverables**: based on the objectives of the study;
- **Project workplan with time line**: Describe when and how long each activity will take place. Include preparation steps, training, sample frame development, data collection, and report writing.

**Section 5: CVs of the proposed key personnel** (no more than one page per key personnel)

- Short CVs of proposed key personnel including their experience on similar projects, percentage of key staff time, and information regarding who will be leading this project.

**Section 6**: Any other information (Conflict of interest, Joint venture or disclosure etc.)

**4.2. Financial proposal**

Provide a detailed budget for the proposed activity, including all the overhead and service charges. The financial proposal should detail all costs with a break-down for each. **Budget to be provided in the format provided by FHI.**
All quotes must be in **local currency (INR)**. To the extent that indirect costs are applicable, they are subject to the following limits:

- 0% for government agencies, other private foundations and for-profit organizations
- up to 10% for U.S. universities and other academic institutions
- Up to 15% for all other non-U.S. academic institutions and all private voluntary and non-government organizations, regardless of location.
- Indirect cost rates (and the limitations) apply both to the primary applicant organization and any sub-grantees and/or sub-contractors that are part of the proposal.

If the organization has lower indirect rates, the lower rates should be used. Please include VAT and any applicable taxes into the cost proposal as FHI SOLUTIONS is not VAT or tax exempt.

4.3. References:
Three references for past performance, including contact information for each. The references should be for past agencies/customers for whom similar nature of work was conducted.

4.4. Contact details:
The email address where A&T may send a confirmation of receipt of your submission.

5. Criteria for Evaluation:
Bids from agencies will be evaluated and ranked by a committee on a best-value basis according to the criteria below. Only offerors able to provide all of requirements listed above may be considered.

Selection shall be based on the following weighted categories:

<table>
<thead>
<tr>
<th>Technical Proposal</th>
<th>Weight / Score</th>
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<tbody>
<tr>
<td><strong>Credentials of the Firm</strong> Agency’s organizational capability to execute the work (e.g. background, capacity statement, and organizational infrastructure)</td>
<td>10</td>
</tr>
<tr>
<td><strong>Previous Experience</strong> of conducting similar work and references</td>
<td>10</td>
</tr>
<tr>
<td><strong>Proposed team composition</strong> and CVs of the proposed key personnel</td>
<td>10</td>
</tr>
<tr>
<td><strong>Methodology and approach</strong> Understanding of the baseline objectives and proposed sampling approach and research design</td>
<td>20</td>
</tr>
<tr>
<td><strong>Operational approach</strong> to executing the baseline survey and quality assurance mechanism</td>
<td>30</td>
</tr>
<tr>
<td><strong>Technical Total</strong></td>
<td>80</td>
</tr>
<tr>
<td>Financial Proposal</td>
<td></td>
</tr>
<tr>
<td>Cost per task and unit costs</td>
<td>10</td>
</tr>
<tr>
<td>Cost justification</td>
<td>10</td>
</tr>
<tr>
<td><strong>Financial Total</strong></td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
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</tbody>
</table>

NOTE: FHI SOLUTIONS will not compensate the company for its preparation of response to this RFP nor is the issuing of this RFP a guarantee that FHI SOLUTIONS will award a contract.

Contract Mechanism:
FHI anticipates issuing a firm fixed-price purchase order. The purchase order will be issued in local currency (INR) to the responsive offer that is selected on a best value basis. Once an award is issued,
it will include a schedule of fixed price payments based on completion of deliverables in the scope of work.

Instructions and Deadline:
Responses to this RFP should be submitted by email to the A&T office to Ms. Yashoda Rawat at yrawat@fhi360.org and Ms. Versha Mathur at vmathur@fhi360.org no later than, September 4, 2018 at 5 p.m. New Delhi, India time. Any explanation desired by a prospective agency regarding the meaning or interpretation of this solicitation must be requested in writing to vmathur@fhi360.org at FHI SOLUTIONS no later than September 14, 2018 by 5:00 pm in India. Please follow the instructions carefully. Proposals which do not follow these instructions will not be reviewed. 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 using Microsoft Office compatible software.

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

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

Proposals become property of FHI SOLUTIONS.

DISCLAIMERS AND FHI SOLUTIONS PROTECTION CLAUSES

- FHI SOLUTIONS may cancel the solicitation and not make an award
- FHI SOLUTIONS may reject any or all responses received
- Issuance of a solicitation does not constitute an award commitment by FHI Solutions
- FHI SOLUTIONS reserves the right to disqualify any offer based on offeror failure to follow solicitation instructions
- FHI SOLUTIONS will not compensate offers for response to solicitation
- FHI SOLUTIONS reserves the right to issue an award based on initial evaluation of offers without further discussion
- FHI SOLUTIONS may choose to award only part of the activities in the solicitation, or issue multiple awards based on the solicitation activities
- 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 a general scope of work in the original RFP.
- FHI SOLUTIONS has the right to rescind an RFP, or rescind an award prior to the signing of a subcontract due to any unforeseen changes in the direction of FHI SOLUTIONS’s client, be it funding or programmatic.
- FHI SOLUTIONS reserves the right to waive minor proposal deficiencies that can be corrected prior to award determination to promote competition
- FHI SOLUTIONS will be contacting offerors to confirm contact person, address and that bid was submitted for this solicitation.

END OF RFP*****