



## Request for Proposals (RFP)

For

Design and Implement Model for Delivering Maternal, Infant and Young Child Nutrition (MIYCN) Counseling Services in Urban Maternal, Neonatal and Child Health (MNCH) Services Setting in Bangladesh

Issued by  
FHI360, Alive & Thrive

**Issued on:** 24 October 2018  
**Task:** Design and Implement Model for Delivering MIYCN Counseling Services in Urban MNCH Services Setting in Bangladesh  
**Proposal Deadline:** 10 December 2018  
**Anticipated Period of Performance:** January 1, 2019 – December 27, 2020

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### **Alive & Thrive**

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.

### **Background**

The overarching goal of A&T is to accelerate effective coverage at scale of key nutrition interventions in priority geographies. In Bangladesh, A&T will contribute to this goal through strengthening systems for MIYCN interventions by providing technical assistance to government, development partners, and other stakeholders to accelerate delivery. A&T's priority is to support the Government of Bangladesh (GOB) to achieve nutrition-related disbursement-linked indicators (DLIs) in two divisions (Chattogram and Sylhet) in collaboration with the World Bank and UNICEF, and use those lessons to inform replication, scale and sustainability through the National Nutrition Services Operational Plan (NNS-OP) in the remaining six divisions. In parallel, A&T will implement a learning agenda to test innovations to improve MIYCN services in urban settings, and to better understand and address the determinants of adolescent behaviors. A&T will also conduct program and policy advocacy to strengthen BMS code monitoring, and align with partners on how to ensure GOB readiness for Vision 2025 and World Health Assembly targets.

An improved model for delivering MIYCN counseling services is needed in urban MNCH settings in Bangladesh given population growth and lagging health and nutrition indicators in urban areas.

## Nutrition in Urban Context in Bangladesh

While breastfeeding is nearly universal in Bangladesh—96 percent of children are breastfed during the first year of life and 87 percent of children are breastfed until age two—only 51 percent of children are breastfed within one hour of birth and 27 percent of children receive a pre-lacteal food. Recent gains made in exclusive breastfeeding—64 percent in 2011 BDHS from 42 percent and 43 percent in the 2004 BDHS and 2007 BDHS, respectively—declined to 55 percent in 2014. Timely and appropriate complementary feeding practices are sub-optimal as well. Only 23 percent of children ages 6 – 23 months receive a minimum acceptable diet, and 70 percent of breastfed children ages 6 – 9 months receive complementary foods.

While women’s nutrition has improved significantly in Bangladesh in the past decade, the prevalence of undernutrition remains high. Nineteen percent of ever-married women age 15 – 49 years are undernourished (body mass index [BMI] <18.5), a decline from 34 percent in 2004. The prevalence of thin women (BMI <18.5) is highest among women 15 – 19 years (31 percent). Among the age group 15 – 19 years, 31 percent of women are already mothers or pregnant with their first child, making this age group particularly vulnerable to giving birth to small-for-gestational age and preterm newborns. Diet quality is also a challenge in Bangladesh with the mean dietary diversity score for women ages 10 – 49 years at 4.1 in 2015, a decrease from 4.4 in 2014.<sup>1</sup> Poor maternal nutrition—including anemia and calcium deficiency—also puts women at risk for preventable death. Nearly one in two women of reproductive age (15 – 49 years) is anemic (42 percent).<sup>2</sup> Data on iron folic acid (IFA) tablet consumption is limited in recent BDHS surveys; however, the 2007 BDHS shows that 26 percent of women who had at least one ANC visit did not receive or purchase IFA.<sup>3</sup> Furthermore, a quarter of non-pregnant non-lactating Bangladeshi women are calcium deficient, putting women at risk for pre-eclampsia, currently the second leading cause of maternal death globally (19% of total deaths).<sup>4,5</sup>

The Bangladesh Demographic and Health Survey (BDHS) 2014 also reports that 28 percent of the Bangladesh population lives in the urban areas and this is projected to grow to over 50 percent by 2050. Approximately one-third of the urban population in big cities lives in urban slums which are characterized by unsanitary and overcrowded conditions. Twenty-one percent of the urban population lives below the poverty line. While the rural population is more disadvantaged overall, health and nutrition indicators are worse in the urban slums. Half of the under-five children in slums are stunted, against around one-third for non-slum urban areas. Only one in every four children (26 percent) of age 6 – 23 months in slums is fed with proper IYCF practices, compared with 40 percent for non-slum children.<sup>6</sup> The teenage pregnancy rate is higher among women living in slums.<sup>7</sup>

The urban primary health service model being operated now is Government-led (Ministry of Local Government, Rural Development & Cooperatives (MoLGRD&C) and NGO-run with maximum

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<sup>1</sup>James P Grant School of Public Health and National Nutrition Services. (2016). *State of food security and nutrition in Bangladesh 2015*. Dhaka, Bangladesh: James P Grant School of Public Health and National Nutrition Services.

<sup>2</sup>NIPORT, Mitra and Associates and ICF International. 2013. *Bangladesh Demographic and Health Survey 2011*. Dhaka, Bangladesh and Calverton, MD, USA: NIPORT, Mitra and Associates, and ICF International.

<sup>3</sup>Fiedler, Jack, D’Agostino, Alexis, and Sununtnasuk, Celeste. 2014. *Nutrition Technical Brief: A Rapid Initial Assessment of the Distribution and Consumption of Iron-Folic Acid Tablets through Antenatal Care in Bangladesh*. Arlington, VA: USAID/Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project.

<sup>4</sup>National Strategy on Prevention and Control of Micronutrient Deficiencies Bangladesh (2015 – 2024).

<sup>5</sup>*Maternal and child undernutrition and overweight in low-income and middle-income countries*. Black, Robert E et al. The Lancet, Volume 382, Issue 9890, 427 – 451.

<sup>6</sup>Government of Bangladesh (GoB) (2014). *Country Nutrition Paper Bangladesh. International Conference on Nutrition 21 years later, 19-21 November 2014. Rome, Italy.*

<sup>7</sup>National Institute of Population Research and Training (NIPORT), International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), Measure Evaluation (2013). *Bangladesh Urban Health Survey*. Dhaka, Bangladesh.

external donor funding (about 90% and mainly a loan from Asian Development Bank). In addition, many other organizations (international/national NGOs, agencies and projects) are delivering health and nutrition services in urban areas. Few not-for-profit self-financed NGOs with limited donor contributions have also been delivering MNCH services in urban areas, particularly in big cities. The for-profit private sector in Bangladesh also plays a critical role in providing urban primary health care mainly through private practitioners, pharmacies, and private clinics.

### **Rationale of the task**

Optimal IYCF practices, especially during the first 1,000 days, are critical for improving health and nutrition outcomes and saving lives in Bangladesh. Early initiation of breastfeeding can help prevent neonatal deaths caused by sepsis, pneumonia, and diarrhea; and exclusive breastfeeding protects against illness and promotes healthy growth and development. The background information underscores the need to promote adequate weight gain and provide nutrition counseling to pregnant women, ensure a well-functioning supply chain system for IFA and calcium supplements coverage for pregnant women, and promote optimal IYCF practices for caregivers of children 0 – 23 months. These data also highlight the need to accelerate the delivery of high quality MIYCN interventions in urban areas. A model for delivering MIYCN counseling, the key component of MIYCN interventions, is required to extend quality nutrition services for the growing urban population and can be piloted among the primary health facilities in the urban areas.

### **Scope of Work**

#### **Objective of the SOW**

The aim of this RFP is to design and implement a model for delivering MIYCN counseling in urban MNCH services settings in Bangladesh as an implementation study. The MIYCN counselling model will be incorporated into the existing urban health service delivery package. A&T will use findings from the implementation research to advocate to the Government on how to improve the quality of MIYCN counseling in urban MNCH services settings and scale up the model, if it is proven successful.

The new MIYCN counselling model for urban settings in Bangladesh must:

- Respond to the institutional and social contexts in Bangladesh toward suitability
- Accurately be designed to maximize continuity and scalability within the Bangladesh Health System
- Take as a starting point the premise that the urban model is anticipated to be successfully transferred to the Government of Bangladesh

#### **Geographic Focus**

Approximately 10 health facilities will be selected to receive the urban MIYCN model, and 10 health facilities will serve as controls. In order to reach the desired target number of health facilities, A&T may contract 1 – 3 organizations to implement the urban MIYCN model. The municipality/city corporation area for the implementation will be determined in collaboration with A&T depending on the sites where the NGOs currently deliver urban health services. Dhaka is preferred, but other urban areas are acceptable.

#### **Collaboration**

Overall technical approval and quality assurance will be provided by A&T. The selected organization is expected to work closely with Government and other relevant partners under the guidance of A&T. If more than one organization is contracted, the modality of implementation and standard operating procedure will be same across health facilities, and coordination among organizations would be necessary. Additionally, the selected organization is expected to collaborate with a monitoring and evaluation agency that A&T will contract separately (not under this RFP) to evaluate

the urban MIYCN model, which will include a baseline survey and end line survey in the target health facilities.

### Program Approach

A&T has a draft Standard Operating Procedure (SOP) document that outlines the urban MIYCN model intervention design, and will be conducting formative research to fill in information gaps in the SOP. The selected organization will be expected to collaborate with A&T and other stakeholders to adapt the SOP (including frameworks and tools) to the urban Bangladesh context, test the SOP, and then implement the final SOP for a specified period of time. The intervention components and key objectives outlined in the draft SOP are presented in Table 1.

**Table 1: Intervention Model**

Intervention's Components	Key Objectives
<b>Service Delivery</b>	<ul style="list-style-type: none"> <li>Establish delivery of MIYCN counseling in MNCH Services in urban settings.</li> <li>Mainstream quality MIYCN counseling in MNCH services in urban settings that targets practices including IFA supplement consumption during pregnancy, calcium supplement consumption during pregnancy, adequate weight gain during pregnancy, dietary diversity, early initiation of breastfeeding, exclusive breastfeeding, and complementary feeding.</li> </ul>
<b>Demand generation in community for receiving MIYCN counseling</b>	<ul style="list-style-type: none"> <li>Conduct home visit and community events to motivate pregnant and lactating women for attending multiple MIYCN counseling sessions through community worker.</li> <li>Use of mobile communication, mass media and other relevant local communication channels for demand generation through the locally-based media channel providers</li> </ul>
<b>Capacity Development of human resources</b>	<ul style="list-style-type: none"> <li>Training of human resources (Manager, Counselor* and Community worker*) and supervisors</li> </ul>
<b>Monitoring, supervision and reporting</b>	<ul style="list-style-type: none"> <li>Record, document, analyze and report on service delivery coverage and quality</li> <li>Ensure monitoring, supervision and review of service delivery and its quality, output and outcome</li> </ul>
 <p><b>Partnerships and alliances for strategy, scale and sustainability</b></p>	

\* Counselor and Community Worker one each per facility; additional one each to be trained from existing staff to replace during leave/sickness/vacancy. IFA and Calcium supplies to be managed by the NGO.

### Timeline

A total of 24 months' engagement is expected, including:

- Five months for preparatory activities including adapting, testing, and finalizing the SOP (including training module, SBC materials and monitoring tools), support to prepare for the baseline survey, and training of staff. The majority of the preparatory activities would require only managerial level engagement.

- 18 months full-scale implementation of SOP (full team engagement -manager+ counselor+ community worker)
- 1 month for end line and financial closing (only managerial level engagement)

Below table shows a tentative detailed time plan:

<b>January – February 2019</b>	<b>March – April 2019</b>	<b>May 2019</b>	<b>June 2019 – November 2020</b>	<b>December 2020</b>
Onboarding, adaptation of SOP (including tools development) and support to prepare for baseline assessment	Adaptation of SOP to include findings from formative research, testing of SOP, and finalizing SOP	Complete finalization SOP, hold training for staff, ensure adequate logistics for implementation, early implementation	Full-scale implementation	End line evaluation, financial closing

### **Specific Activities**

The following specific activities are expected to be carried out:

1. Organize and implement a package and modality of counseling services on MIYCN at facility and community under technical guidance of A&T and the government (IPHN & UPHCSDP and other relevant) as per Table 1.
2. Obtain necessary permission from relevant government authorities, specifically the local government vis a vis city corporation by the implementing agency themselves.
3. Taking part in adaptation of the SOP with A&T and IPHN, including convening technical consultation(s) as needed to ensure buy-in and technical integrity of the SOP.
4. Taking part in finalizing the SOP and training module, SBC materials and monitoring tools in collaboration with A&T and IPHN and other stakeholders.
5. Select approximately 10 health facilities to implement the urban MIYCN model and 10 more as control.
6. Implement the visualization concept of the model set by A&T including name, logo, slogan/tag line, infrastructure lay out, specification, logistics arrangement etc.
7. Prepare the human resource base (manager, counselor and community worker) for delivering and managing the urban MIYCN model, including training and orientation.
8. Develop a monitoring framework for effective implementation of the model under the technical guidance of A&T.
9. Implement the urban MIYCN model including demand generation.

10. Monitor the implementation of the urban MIYCN model.

11. Facilitate evaluation process (base line and end line) to be done by different agency and effort to continue the service own self after the project ending through innovative business model.

*Note: 1. A&T will drive development of the materials and training packages. Separate agencies will do the formative research, and evaluate the implementation research, including conducting a baseline and end line assessment. Therefore, the organization should not include formative research, baseline or end line assessment in their proposal.*

*2. Organization can apply for all 10 health facilities or partly based on their strength.*

Technical Deliverables	Time line
1. Detailed time plan of action	By 7 <sup>th</sup> January 2019
2. Taking part in adaptation of the SOP with A&T and IPHN, including convening technical consultation(s) as needed to ensure buy-in and technical integrity of the SOP. Activity report.	By 30 <sup>th</sup> April 2019
3. Taking part in finalizing the draft SOP and training module, SBC materials and monitoring tools in collaboration with A&T and IPHN and other stakeholders adapting findings of formative research: activity Report	By 31 <sup>st</sup> May 2019
4. Inception report of setting up urban nutrition model in 10 selected facilities including recruitment and placement of relevant staffs.	By 10 <sup>th</sup> June 2019
Training and orientation of relevant staff: activity report	By 10 <sup>th</sup> June 2019
5-9. Quarterly report that presents: -Contractor progress against planned activities -Intervention monitoring data such as: -indicators on services delivery -indicators on health worker practices -indicators on caregiver practices -how the program is increasing the capacity of the managers, monitors/ supervisors and FLWs in the facilities using a performance improvement cycle to: -a) improve the technical content of MIYCN and interpersonal communication skills with clients, and -b) use monitoring data to continuously refine and improve the model with technical support from A&T.	By 10 <sup>th</sup> September 2019 By 10 <sup>th</sup> December 2019 By 10 <sup>th</sup> March 2020 By 10 <sup>th</sup> June 2020 By 10 <sup>th</sup> September 2020
10. Final program report including recommendations for scale up with presentation slides and soft copy of monitoring database	By 10 <sup>th</sup> December 2020
11. Dissemination	By 27 <sup>th</sup> December 2020

### Proposal Instructions and Deadline

Responses to this RFP should be submitted by email to the A&T project to the attention of [smabdullah@fhi360.org](mailto:smabdullah@fhi360.org) and [zmahmud@fhi360.org](mailto:zmahmud@fhi360.org) **no later than December 10 , 2018 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 November 15, 2018 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.

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 should be currently operating MNCH service delivery at the health facility-level in urban area(s)
- b) Organization should have experiences in implementing MNCH (ANC, PNC, EPI etc.) /Nutrition program with community component in urban areas for more than 5 years.
- c) Organization / agency should have in-depth knowledge and understanding of the Bangladesh health system, particularly facility-based MNCH service delivery system in urban areas.
- d) Organization having experience of capacity in implementing nutrition services in facility settings with proof will be considered as an advantage.
- e) The organization should have proven prior experience of working with Government (Health and/or MoLGRD&C).
- f) The organization should have the capacity to train field staffs for implementation of the program under facilitation of A&T.
- g) The organization should have capacity and techniques that will be used for monitoring and quality assurance system and tools.

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 approach the organization will utilize to implement the design and implementation of the urban MIYCN model.

- a. A map and/or list of the health facilities currently operated by the organization by geographic location, and proposed number of health facilities for the implementation of the urban MIYCN model.
- b. Description of the various specific activities that will be done to design and implement the urban MIYCN model.
- c. Detailed timeline for various specific activities that will be done to complete the assignment.
- d. Timeline should be plotted on month by month basis during the assignment period showing key steps and activities.

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. Submit using FHI 360 template that is available upon request and from the website <https://www.aliveandthrive.org/procurement-solicitation/>. 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 360 is not VAT exempt.

**Anticipated Contractual Mechanism:**

FHI anticipates issuing one or more cost-reimbursable sub-award(s) to the winning proposal(s). Payment shall be based on submission and approval of deliverables, and receipt of accurate, certified invoices with required backup documentation.

**FINANCIAL PRE-AWARD ASSESSMENT**

Should an interested organization choose to submit a proposal in response to this RFP, FHI may initiate a Financial Pre-Award Assessment as part of the selection process. The Pre-Award Assessment is performed in line with internal policies as part of FHI's due diligence process to determine that a prospective sub-awardee possesses the ability to perform successfully under the terms and conditions of the proposed sub-award, taking into consideration the integrity, record of past performance, financial and technical resources of the prospective sub-awardee. The Financial Pre-Award Assessment must be completed prior to issuance of a sub-award.

**Criteria for Evaluation:**

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

1. Approach – Understanding and experience of the tasks outlined in the RFP; methodology/strategy for the program development, quality assurance and quality control – **40 points**
2. Capability Statement, References and Past Performance – Institutional experience in Bangladesh in carrying out program development of documented international standard – **20 points**
3. Staffing plan and qualifications of key personnel – **20 points**
4. 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**

A&T 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 360.

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

FHI 360 will not compensate offerors for preparation of their response to this RFP. Issuing this RFP is not a guarantee that FHI 360 will award a contract.

FHI 360 reserves the right to issue a contract based on the initial evaluation of offers without discussion.

FHI 360 may choose to award a contract for part of the activities in the RFP.

FHI 360 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 360 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 360 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 360 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 360 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 360 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 360's donor, be it funding or programmatic.

FHI 360 reserves the right to waive any deviations by offerors from the requirements of this solicitation that in FHI 360'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 360's client organization, the Bill & Melinda Gates Foundation.

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 360 requires additional materials, we will request those materials during the review process.

Should FHI 360 choose to make an award, all deliverables produced under said award shall be considered the property of FHI 360.

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 360. The request for a joint venture should be accompanied with full details of the proposed association and confirming joint and several liabilities.

Should FHI 360 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.