



CALL FOR EXPRESSION OF INTEREST (EOI)
PHASE 1 – CONCEPT NOTE

Services Required:	Technical Assistance – Various
Type of Procurement:	One-time Procurement
Type of Contract:	Cost Reimbursable
Term of Contract:	Up to 3 Years
This Procurement supports:	USAID/Owod Project, Senegal
Submit Proposal to:	owodsubcontracts@owod.org
Date of Issue of RFP:	March 16, 2022
Date Questions from Supplier Due:	March 23, 2022
Date Proposal Phase 1 Due:	March 30, 2022
Date selected applicants invited for Phase 2:	April 6, 2022
Date Proposal Phase 2 Due:	April 20, 2022
Approximate Date Subcontract Issued to Successful Bidder(s):	May 4, 2022

Method of Submittal:	
Email Submission to owodsubcontracts@owod.org	
Respond via e-mail with attached document in MS Word / pdf format.	
The Bidder/Seller agrees to hold the prices in its offer firm for 90 days from the date specified for the receipt of offers, unless another time is specified in the addendum of the RFP/RFQ.	
The RFA will be published on RTI’s website and posted locally.	
Solicitation Number	RFP-OWOD-2022-01

Attachments to RFP:

1. Statement of Work AND Instructions to Bidders/Sellers

All Subcontract Terms and Conditions are listed on our website at forth at:

https://www.rti.org/sites/default/files/standard_subaward_terms_and_conditions_v1_11.pdf.

All bidders/sellers are responsible to carefully review each attachment and follow any instructions that may be relevant to this procurement.

Statement of Work

About the USAID/Owod Project

The U.S. Agency for International Development (USAID) Owod project supports the Government of Senegal to improve health outcomes for women and children by implementing comprehensive district health plans that address the key drivers of maternal, neonatal, and child morbidity and mortality in five priority regions of Senegal: Diourbel, Kolda, Sédhiou, Tambacounda, and Kédougou. Owod means “being healthy” in Serer language, one of the languages spoken in the implementation area of the project. USAID/Owod will strengthen the capacity and commitment of Senegal’s health system at the district and regional levels to provide improved malaria; reproductive, maternal, newborn, child and adolescent health; nutrition; and water, sanitation and hygiene (WASH) services by:

Intermediate Result (IR) 1 - Strengthening health systems:

- Improving management of the system
- Optimizing use of resources to achieve better health outcomes
- Ensuring health sector policies and guidelines are effectively implemented

Intermediate Results (IR) 2 & 3 - Improving access to services and quality of care:

- Increasing access to evidence-based, high-impact health care interventions
- Improving quality of care
- Engaging private sector providers

Intermediate Result (IR) 4 - Increasing community engagement:

- Increasing engagement of communities, civil society, private sector organizations, and local governments in health sector activities and governance
- Ensuring adoption of priority behaviors by individuals, families, and communities.

USAID/Owod will address health disparities in the five focus regions by providing technical assistance and targeted grant funding to help local health sector stakeholders translate government plans into action. It will empower regions and districts to take ownership of the design, execution, monitoring, and scaling up of their own health innovations through three key approaches (see also below): grants program; capacity development approach; six strategic innovations. This will support the goal of at least three of the five regions transitioning toward receiving direct government to government assistance.

Grants program: USAID/Owod grants will support district health plan implementation and foster locally led, innovative problem solving. The grants program will include two types of grants: base and innovation. Base grants will be non-competitive and focus on priority malaria; reproductive, maternal, newborn, child, and adolescent health; nutrition; and WASH interventions, while innovation grants will be awarded through a competitive process to support additional innovations and focus on community-led solutions.

Capacity development approach: This approach promotes peer-to-peer learning by grouping health sector stakeholders from the regional to community level into cohorts and learning hubs that will facilitate efficiency in delivering technical assistance, cultivate networks and linkages

among institutions and individuals, spur locally driven problem solving and innovation, and help widely disseminate innovations and learning.

Six strategic innovations: USAID/Owod will apply the following six strategic innovations across all results areas to ensure a holistic system-strengthening approach:

- Data and digital-centric design supporting continuous learning, adapting, and sharing
- Local human-centered design
- Performance frameworks to improve quality, governance, and accountability
- Cross-sectoral and public-private coordination, putting health center-stage
- Gender-transformative and youth-centered programming for reactive health sector reforms
- Operations research to evolve small ideas into scaled approaches that save lives

Background

RTI International (RTI), a nonprofit research and international development institute, was selected by USAID to lead the five-year USAID/Owod project in September 2021. Following its start-up at both central and regional levels, including the initiation of district and regional grants to support annual work plans (PTAs), RTI seeks a broad breadth of technical assistance from local organizations to support USAID/Owod in the oversight of its activities. RTI expects to award between 1-3 subcontracts over a 3-year period timeframe. Local organizations are encouraged to respond to as many of the scope of work (SOW) thematic areas in alignment with their organization's technical expertise, geographical presence and availability of key technical staff.

Scope of Work

The overall strategic approach of USAID/Owod is to partner with the medical regions and districts for effective implementation of the priority actions laid out in their PTAs. This plan aspires to establish a high-performing health system that improves the quality of services, the availability of services, huge community involvement and health systems strengthening to achieve the MSAS's priority result areas within the PNDSS, including strengthened governance, stewardship and financing of the sector and universal health care coverage (UHC). As such, RTI seeks a range of technical assistance to support its four intermediate results in partnership with the USAID/Owod consortium to support district and regional-level stakeholders.

USAID/Owod is not responsible for direct implementation of PTA activities, but rather, technical assistance to district and regional medical teams, health providers, community health workers, local authorities, community-based organizations (CBOs) and wider communities in their implementation of PTAs. Certain activities not typically included within PTAs (e.g. citizen-led budget tracking) but critical to the success of the four IRs may be included by the applicant as direct support by the partner.

An important component of USAID/Owod is to support and strengthen the regions and districts in their capacity to implement, lead and manage from both a technical and oversight/administrative perspective, as they prepare for the transition towards direct

government to government (G2G) assistance. Successful applicants should include their understanding of how this would translate into practice. Ultimately, selected subcontractor(s) will be responsible for supporting the USAID/Owod consortium-wide strategy for G2G to ensure graduation of at least 3 of 5 regions to G2G by the end of the project.

Interested applicants may apply to and address one, two or all three components listed below. Applicants are expected to outline how they will support the range of USAID/Owod stakeholders, in alignment with district and region PTAs, to achieve programmatic results.

Component 1: Community health (tied largely to IRs 2&3)

- Provide full time Community Health Specialist positioned at central level and propose short and long-term human resource needs at sub-national level (regional and district level).
- Support universal health coverage through strengthening of mutuelles: enrollment; social marketing; professionalization; governance; promotion; support to Agence de Couverture Maladie Universelle (ACMU) Unité départementale d'Assurance Maladie (UDAM), Union départementale des mutuelles de santé (UDMS); exploring alternative financing/pooling models; scaling of best practices.
- Build the capacity of Agents de Santé Communautaire (ASCs), inclusive of performance frameworks/monitoring.
- Advocacy for stronger involvement of ASCs in health planning and coordination through regular meetings and PTA processes.
- Support the extension of referral networks.
- Establishment and/or strengthening of community networks, including but not limited to: (1) support the strengthening of the Integrated Home Visit Strategy (VADI) and the Community Monitoring and Alert Committees (CVACs and integrated CVACs [CVACi]) through capacity strengthening of CVAC/CVACi members on advocacy, leadership, monitoring and citizen monitoring and accountability; (2) support the strengthening of community-based surveillance; (3) reinforce community networks such as associations of Bajenu Gox and strengthen the knowledge and competence in management and entrepreneurship with health promotion activities, while evaluating if income-generating incentive schemes for Bajenu Gox effectively promote antenatal care visits and deliveries in health facilities; (4) advocacy for more women to become ASCs; (5) leverage effective collaboration with community networks and districts to support the Advance Strategy which includes orientation of the ICP/Sage Femme coordination with communities and monitoring and evaluation; (6) organize community catch-up strategies for life saving high impact interventions such as universal vaccination.
- Piloting of innovations for health hut and health post upgrades/investments through communal, pooled health funds or other alternative funding sources.
- Support the continued implementation of the Food and Nutrition Division's strategy on community-based management of severe acute malnutrition (PECMAS-com) in integrated management of childhood illness (IMCI).
- Support the strengthening of the Nutrition Education Recovery Center (CREN).

- Leverage existing community platforms for greater engagement and feedback of quality of care received and development of innovative client engagement strategies for improved quality of care.
- Explore digital applications for ASCs – for learning, skills retention, decision-making and/or data management.
- Support solutions/activities geared towards increasing access to and quality of health for youth and adolescents.

Component 2: Community engagement (cross-cutting all IRs)

- Provide full time Community Engagement Specialist positioned at central level and propose short and long-term human resource needs at sub-national level (regional and district level).
- Strengthen the capacity of local actors (Réseau Citoyen pour la Transparence Budgétaire [RCTB], CBOs, participatory budget committees, local anti-corruption coalitions, citizen advocacy groups, etc.) to conduct budget monitoring, advocacy and resource mobilization for health
- Support joint monitoring of PTA implementation through citizen observatories, community dialogues and other effective models.
- Advocacy with district sanitaires (DS) for creation of district-led spaces for inclusive dialogue (community conversations, community webinars, WhatsApp groups, theaters-forums, home visits, radio spots) in each commune, led by Comité de Développement Sanitaire or health structures.
- Support for strengthened accountability structures at the health structure level and within the community
- Strengthen existing community-level coalitions (e.g. CVACi) in their roles: watchdog, prevention, promotion or alert role within the community.
- Strengthen public-private partnerships
- Strengthen cross-sectoral collaboration

Component 3: Social and behavioral change and adoption of healthy behaviors (tied largely to IR4)

- Provide full time Social Behavior Change Specialist positioned at central level and propose short and long-term human resource needs at sub-national level (regional and district level).
- Support DS and CBOs to determine community needs to change social behaviors and norms within the ecosystem
- In partnership with BREIPs, support DS and CBOs to design contextual and relevant social and behavior change messaging and support ongoing communications/activities.
- Explore and support districts and CBOs in finding sustainable, locally driven solutions for behavior change, through but not limited to: district grants, community or ASC-led social

mobilization activities in line with the PTAs, existing community engagement platforms and the establishment of new platforms. Thematic areas for this include:

- Strengthening self-care approaches
- Strengthening engagement with youth
- Normalizing inclusive and non-confrontational community dialogues
- Exploring public private partnerships
- Leveraging cross-sectoral linkages and coordination

General:

- Subcontractors will be responsible for full engagement within the consortium, including: collaboration frameworks and technical groups set up by the MSAS both at the central level and in intervention regions to ensure strong collaboration and harmonization of interventions in order to avoid duplication; and regular USAID/Owod technical meetings.
- Subcontractors should respect all USAID and RTI policies and requirements including all policies and strategic documents approved by the client.

Project Timeline and Deliverables

Activities are already underway for Year 1 based on a USAID-approved workplan. Part of this proposal response shall be to set out a more detailed program of work and timeline over a three-year period to show illustrative timing and sequencing of activities.

Expected Deliverables

- Weekly technical workplans
- Monthly technical workplans
- Inputs for USAID quarterly reports
- Inputs for USAID annual reports
- Inputs for USAID annual workplans
- Other technical deliverables, as determined by RTI leadership team

Requirement to applicants

Selection of the successful applicant(s) shall be based on innovative and evidence-based technical approaches, applicant capacity, geographical presence, staffing plan and availability of technical resources, and stakeholder networks.

Proposal Requirements.

This RFP will involve a two-phase process. This call for expressions of Interests is for Phase 1 – Concept Notes:

Phase 1: CONCEPT NOTE - (due within 2 weeks – on 03/30/2022): Interested local organization are asked to submit a maximum 7-page concept note that describes the following:

1. **Problem statement** (1 page)
2. The **components that your organization would like to be selected for**. This may include any of the following (1 page):
 - Social and behavioral change;
 - Community health;

- Community engagement
3. **Overall approach and Illustrative activities** (2-3 pages)
 4. **Organizational capacity and proposed staffing structure** (1-2 pages)
 5. **Total Cost** (budget). Applicants shall submit a bottom-line total cost required to carry out the proposed approach and activities, not exceeding \$1.1M per Component. At this stage, Applicants will not be expected to provide a detailed budget and narrative.

Phase 1 concept note details:

1. **Problem statement (1 page):** Applicants must demonstrate an understanding of the context and associated challenges across the Component(s) to which they are applying to address (social and behavioral change, community health and community engagement).
2. **Components that your organization would like to be selected for (1 page):** Applicants must include which of the Components they are responding to (Applicants may address one, two or all three components in their concept note) and why the Applicant is interested in leading these Components.
3. **Overall approach and illustrative activities (2-3 pages):** Applicants must demonstrate an understanding of the Objectives and Scope, detailed in Attachment A of the RFA, and outline the Applicant's technical approach using evidence-based strategies to support the scope in a way that will sustainably deliver results. In addition to outlining the technical approach, the technical narrative should also include capacity building approaches and inclusion of the six strategic innovations listed above.
4. **Organizational capacity and proposed staffing structure (1-2 pages):** The applicant will describe its capacity to implement the proposed activities, according to their institutional strengths. Applicant should also include networks of association including MSAS (technical working groups, etc.), regional and district medical teams, academia, CBOs, provider associations, etc. Applicants will be required to outline how they will leverage their central, regional, district or community-level networks to ensure results. Applicants will also need to include their current geographical presence and/or whether expansion into the USAID/Owod intervention regions will be required.

Applicants will also include an overview of its human resources (both long term and short term) required to undertake the proposed technical approach as well as support managerially. Roles do not need to be named at the time of the concept note submission, but relevant experience for each role must be included (e.g. SBC Advisor will have 10+ years of experience in X, Y, Z). While the majority of technical assistance needs will be based at the regional and district levels, RTI expects the Applicant to propose a full-time staff who will be based centrally at the USAID/Owod project office to provide technical expertise per Component: Component 1 Community Health Specialist; Component 2 Community Engagement Specialist; Component 3 Social and Behavioral Change Specialist. Concept notes including these long-term central-level roles to oversee thematic areas will be scored more highly. All other staff (long and short term) will be based regionally. Applicants should also take into consideration the potential phasing-out of staff when a region is transitioning from USAID/Owod to direct government to government (G2G) assistance.



5. **Total Cost (Budget):** Applicants shall submit a bottom-line total cost required to carry out the proposed approach and activities during the subcontract term (May 2022-April 2025), not exceeding \$1.1M per Component. Please remember that subcontractors will not directly be implementing PTA activities but rather supporting the region, district, and its partners to do this through technical assistance. Certain activities that fall outside of the PTA may be included as direct implementation for the subcontractor, for example, working primarily with civil society to conduct budget tracking and advocacy. These considerations should be reflected accordingly in the total cost.

Based on the concept note, RTI will lead the evaluation committee involving the Ministry of Health to shortlist successful applicants to continue to Phase 2.

Representations and Certifications. Winning suppliers under a US Federal Contract are required to complete and sign as part of your offer RTI Representations and Certifications for values over \$10,000.

Anti- Kick Back Act of 1986. Anti-Kickback Act of 1986 as referenced in FAR 52.203-7 is hereby incorporated into this Request for Proposal as a condition of acceptance. If you have reasonable grounds to believe that a violation, as described in Paragraph (b) of FAR 52.203-7 may have occurred, you should report this suspected violation to the RTI’s Ethics Hotline at 1-877-212-7220 or by sending an e-mail to ethics@rti.org. You may report a suspected violation anonymously.

The John S. McCain National Defense Authorization Act for fiscal year 2019 - section 889. RTI cannot use any equipment or services from specific companies, or their subsidiaries and affiliates, including Huawei Technologies Company, ZTE Corporation, Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, and Dahua Technology Company (“Covered Technology”). In response to this request for proposal, please do not provide a quote which includes any Covered Technology. Any quote which includes Covered Technology will be deemed non-responsive. Additionally, if the United States Government is the source of funds for this RFP, the resulting Supplier shall not provide any equipment, system, or service that uses Covered Technology as a substantial or essential component

Acceptance:

Seller agrees, as evidenced by signature below, that the seller’s completed and signed solicitation, seller’s proposal including all required submissions and the negotiated terms contained herein, constitute the entire agreement for the services described herein.

By: *(Company Name)*

Signature: _____

Title:

Date: