**Request for Applications**

**MOMENTUM Integrated Health Resilience:**

**South Sudan Research Partner FOR quantitative and qualitative monitoring, evaluation, and research (MER) ASSESMENTS, STUDIES AND SURVEYS**

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| **Issuance Date:**  | **June 9, 2021** |
| **Deadline for Questions:** | **June 18, 2021, 17:00 PM South Sudan Time** |
| **Deadline for Proposals:** | **July 9, 2021, 17:00 PM South Sudan Time** |

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# ACRONYMS

|  |  |
| --- | --- |
| F2C | Fragility, Crisis, Complexity |
| FAA | Fixed Amount Award |
| FP | Family planning |
| GBV | Gender-based violence |
| HFA | Health facility assessment |
| IDI | In-depth interview |
| KII | Key informant interview |
| LARC | Long-acting reversible contraceptives/contraception |
| LOE | Level of effort |
| MEL | Monitoring, evaluation, and learning |
| MER | Monitoring, evaluation, and research |
| MERL | Monitoring, evaluation, research, and learning |
| MIHR | MOMENTUM Integrated Health Resilience |
| MNCH | Maternal, newborn, and child health |
| MSA | Master Service Agreement |
| PD | Program Description |
| PI | Principal Investigator |
| PPE | Personal protective equipment |
| RFA | Request for applications |
| RH | Reproductive health |
| SBC | Social and behavior change |
| SOW | Scope of work |
| USAID | United States Agency for International Development |

# INTRODUCTION

IMA World Health (IMA) is a faith-based nonprofit organization implementing programs focused on sustainable and efficient solutions to health-related problems in the developing world. Working in partnership within the public and private sectors and harnessing the power of the markets, IMA focuses on achieving measurable health impact in more than 20 countries worldwide. IMA has been awarded a Cooperative Agreement from the US Agency for International Development (USAID) to lead the MOMENTUM Integrated Health Resilience (MIHR), a five-year global project working in fragile settings to strengthen quality maternal, newborn, and child health (MNCH), voluntary family planning (FP), and reproductive health (RH) care and service delivery, to reduce maternal, newborn, and child mortality and morbidity and increase the health resilience of families, communities, and nation-states.

MIHR operates in multiple countries including South Sudan, and anticipates several assessments, studies, and surveys in the country over the next four years to assist the project with monitoring, evaluation, and research (MER) efforts that will employ both qualitative and quantitative methodologies, such as household surveys, focus group discussions, key informant interviews, and facility assessments. IMA, under the MIHR, is seeking a local partner(s) to assist the project in country with the expected research, assessments, and surveys, and through this Request for Applications, invites interested and eligible research firms to submit an “Application” to work together with the MIHR. Applicants must respond with a proposal for both illustrative Program Descriptions, one qualitative and one quantitative as included within this solicitation.

MIHR will fund a local research firm in South Sudan based on responses to this solicitation. Award will be made to that responsible applicant whose application best meets the requirements of this RFA and the selection criteria contained herein. Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk, applications which are incomplete are not directly responsive to the terms, conditions; specifications and provisions of this RFA may be categorized as non-responsive and eliminated from further consideration.

MIHR will issue a Program Description (Scope of Work) to the successful applicant for each requested study, assessment, evaluation, and/or survey, at which time the successful applicant will respond with a budget and overview of technical approach for the issued SOW. Two illustrative SOWs are included herein, that the applicant is requested to respond to. Over the life of this agreement SOWs may be issued for the following, based on the needs of MIHR and the past performance of the successful applicant.

* Fragility, Crisis Sensitivity, and Complexity (F2C) Assessment conducted annually
* Health Facility Assessment (HFA) conducted at baseline, midterm, and end-of-project
* Social behavior change formative qualitative assessment
* Community health formative qualitative assessment

The period of performance for the collaboration anticipated herein is approximately four (4) years from the effective date of award. The agreement will have an exact schedule specified.

Issuance of this RFA does not constitute an award commitment on the part of IMA nor does it commit IMA to pay for costs incurred in the preparation and submission of an application. Further, IMA reserves the right to reject any or all applications received.

# APPLICATION INSTRUCTIONS

|  |  |
| --- | --- |
| **Issuance Date:**  | **June 9, 2021** |
| **Deadline for Questions:** | **June 18, 2021, 17:00 PM South Sudan Time** |
| **Deadline for Proposals:** | **July 9, 2021, 17:00 PM South Sudan Time** |

**Attachements : Attachement A:**

*A.1 Budget*

*A.2 Budget narrative*

**Attachement B :** Capacity Statement of the Organization

Questions concerning this request should be submitted via email to info@momentumihr.org

by **17:00 PM South Sudan Time on June 18, 2021.**

Questions and responses will be shared with the rest of the Applicants. Questions received after the closing date for “Questions” may not be answered.

The applications/proposals in response to the subject RFA shall be submitted by email to info@momentumihr.org **17:00 PM South Sudan Time on July 9, 2021.**

Please note that MIHR & IMA will not accept responsibility for delays with transmission or receipt of application. Applications received after that date and/or time specified may not be considered.

**PERIOD OF PERFORMANCE -** The period of performance anticipated herein is approximately four (4) years from the effective date of award.

**LANGUAGE REQUIREMENTS -** The proposal must be submitted in English.

**AUTHORIZED GEOGRAPHIC CODE -** The authorized geographic code for procurement of services under this contract is 937.

**EVALUATION -** IMA will evaluate responsive and technically acceptable offers in accordance with the evaluation factors in section “Criteria for Proposal Evaluation”.

**ELIGIBILITY -** Qualified applicants may be non-governmental organizations, registered as a legal entity, and organized under the local laws, having its principal place of business in South Sudan.

**DUNS** - Offerors must poses a [Data Universal Numbering System (DUNS)](https://fedgov.dnb.com/webform/) number to be eligible. *Please reach out for guidance if you do not have or do not know how to get one.*

# LOCAL RESEARCH FIRM REQUIRED QUALIFICATIONS

* Background in public health, medicine, and/or research (10 years)
* English language skills; local language skills a plus
* Familiarity with South Sudan context and environment
* Ability to work under pressure and meet deadlines.
* Strong communication and interpersonal skills;
* Proficiency in Microsoft Office software and common data collection and analysis applications (e.g., Epi info, STATA, SPSS, NVivo, Dedoose, etc.)
* Experience in managing and conducting quantitative and qualitative research, evaluations, assessments, and surveys
* Experience training data collectors
* Experience in data management (quantitative and qualitative data)
* Experience analyzing quantitative and qualitative data
* Experience writing strong data driven report

# LOCAL RESEARCH FIRM RESPONSIBILITIES

The local Research Firm will:

* Assist with finalizing the workplan for implementing the assessment, study, or survey
* Assist in finalizing data collection tools
* Translate data collection tools to local languages, as needed
* Assist with IRB and government clearances, as needed
* Recruit data collectors
* Train data collectors with MIHR team
* Provide logistic and administrative support for data collection
* Provide meeting space for study team
* Supply mobile devices for data collection, as needed
* Data collection
* Data transcription, as needed
* Data entry, as needed
* Data cleaning
* Conduct and/or assist with data analysis
* Draft/Develop study report
* Other tasks required to successfully conduct and complete the study, evaluation, assessment, and/or survey

# PROGRAM DESCRIPTION 1 – Qualitative: F2C (Fragility, Crisis, complexity) Assessment (Illustrative)

## Introduction

MOMENTUM Integrated Health Resilience (MIHR), funded by USAID, works in fragile settings to strengthen the capacity and resilience of both community and health systems in focus countries to enable them to plan and implement health strategies that reach target populations while addressing the underlying determinants of poor health and the impacts of fragility. In South Sudan, MIHR will work in 6 counties to improve the availability, quality, and utilization of an essential package of family planning, reproductive health (FP/RH), and maternal, newborn, and child health (MNCH) services; improve the governance and accountability of health systems; and increase the adoption of healthy behaviors and demand for health services, with the goal of a more resilient health system that supports improved health outcomes.

## Background

Working in complex environments while sequencing, layering, and integrating public health activities across the humanitarian development nexus requires in-depth contextual awareness for effective programming. To initiate work in these fragile settings, MIHR has created the F2C (Fragility, Crisis, Complexity) combined assessment tool that will inform the project design and monitoring systems for crisis-sensitive and complexity-aware programming.

The purpose of this assessment is to better understand the context where MIHR will work in South Sudan, specific shocks (including conflict and other crises), and stresses that are both more likely in fragile settings and perpetuate fragility. This information will enable MIHR/South Sudan to initiate evidence-based crisis-sensitive interventions that build resilience through strengthening absorptive, adaptive, and transformative capacity. Information will also inform monitoring systems that allow MIHR/South Sudan to track the context surrounding the project’s interventions at the district, facility, and community levels.

The F2C Assessment is done in four parts:

1. Desk Review to gather information on recent and current shocks and stresses, and factors contributing to fragility in areas where MIHR/South Sudan is working/will be working (Bor, Wau, Yambio, Juba, Magwi and Kajo-Keji counties.
2. Key Informant Interviews (KIIs) with a diverse group of stakeholders in to capture how communities, organizations, and institutions experience, cope with, and respond to past, current, and anticipated shocks (including conflicts and crises) and stressors. It will look at how these experiences, coping capacities, and responses impact health service provision and outcomes.
3. Data synthesis to bring together information from the desk review and KIIs for each prioritized shock and stressor.
4. A “Pause and Reflect Workshop” to create an **action plan** for the MIHR/South Sudan project and stakeholders. Participants will be asked to prioritize recommendations or actions for MIHR, and detail how these actions are responding to fragility, sensitivity to crisis, and awareness of the complexity. These recommendations, along with the actions will be reviewed by MIHR staff and incorporated into the implementation approach and country workplan, as appropriate.

## Objective

The primary objective of this SOW is to lead parts 1 and 2 and support parts 3 and 4 of the F2C assessment. The selected research firm will lead the desk review of fragility analytics and conduct interviews with key informants and stakeholders. Together, with the Senior Monitoring, Evaluation, and Learning (MEL) Advisor and MEL Officer in South Sudan, the research firm will be responsible to support the analysis and synthesis of the findings, assist in preparations and facilitation of the workshop and review the action plan.

## Activity Plan

|  |  |
| --- | --- |
| *Pre-Desk Work* | * *Readiness briefing with the MIHR/South Sudan team.*
* *Readiness briefing with the MIHR/Monitoring, Evaluation, Research, and Learning (MERL) team (Washington, DC)*
 |
| *During Desk Work* | * *Conduct desk review for factors of fragility (shocks and stressors) in 5 counties in South Sudan. Review reports (local and international sources) and local media, as well as conduct secondary analysis of Early Warning Alert and Response System (EWARS), Strategic Tool for Assessing Risk (STAR), and Vulnerability and Risk Assessment and Mapping (VRAM) datasets. Analyze findings and populate fragility analytics table.* ***(6 days FTE)***
* *Conduct KIIs in 6 counties using provided interview guide. The research firm is responsible for taking notes during the interview and utilizing audio recordings to produce a qualitative analysis of how communities, organizations, and institutions experience, cope with, and respond to past, current, and anticipated shocks (including conflicts and crises) and stressors.* ***(8 days FTE)***
* *Work with MIHR/South Sudan MEL team to synthesize data from the desk review and KIIs and analyze how these experiences, coping capacities, and responses affect health service provision and outcomes in the selected counties.* ***(3 days FTE)***
* *Participate in Stakeholder “Pause and Reflect” Workshop to present findings and input into MIHR Action Plan. (****1 day FTE****)*
 |
| *Post-Desk Work* | * *TA debriefing with MIHR/SS, MIHR/MERL and Resilience teams (****0.5 days FTE****)*
 |

## Expected outcomes and deliverables.

|  |
| --- |
| **Expected Outcomes:**  |
| Together with the MIHR staff in South Sudan and Washington, DC, the research firm will conduct the F2C assessment to better understand the South Sudan context where MIHR will work, specific shocks (including conflict and other crises), and stresses that are both more likely in fragile settings and perpetuate fragility. Through the completion of a desk review and KIIs, data analysis, workshop, and an action plan, MIHR/South Sudan will be able to initiate evidence-based crisis-sensitive interventions that build resilience through strengthening absorptive, adaptive, and transformative capacity. |
| **Final Deliverables Required & Due Dates:**  |
| ***Deliverables*** | ***Due Date*** |
| * F2C workplan
 | **3 days from start date** |
| * Fragility Desk Review Report (3-5 pages)
* Fragility analytics table (provided)
 | **1.5 weeks from start date** |
| * Final Interview Guides
* Audio Files of stakeholder KIIs
* Recorded Transcripts
* Codebook
* Files of coded transcripts
* Qualitative analysis of KII themes and findings in short report (3 – 5 pages)
 | **3 weeks from start date** |
| * Completed table with synthesized data from desk review and KIIs (provided)
 | **4 weeks from start date** |
| * PowerPoint presentation on findings from Fragility Desk Review and Key Informant Interviews to be presented at Workshop
* Input into Workshop Action Plans
 | **6 weeks from start date** |

# PROGRAM DESCRIPTION II – Quantitative: Health Services Facility Assessment (HFA) (illustrative)

## Introduction

MOMENTUM Integrated Health Resilience (MIHR), a USAID funded project working in South Sudan, works to strengthen family planning and reproductive health (FP/RH) and maternal, newborn, and child health (MNCH) care and services. MIHR, therefore, needs to better understand the availability and readiness of FP/RH/MNCH services that are provided in MIHR supported areas in South Sudan. This information will strengthen MIHR’s planning, and monitoring of interventions aimed at service delivery improvement. MIHR intends to conduct a Health Facility Assessment in health facilities in Bor, Wau, Yambio, Juba, Magwi and Kajo-Keji. This assessment will also verify service data reported into the national HMIS. This assessment will utilize a structured HFA survey tool.

## Study Methodology

### Study sites and Sample

MIHR currently works in 9 health facilities in 5 counties (Bor, Wau, Yambio, Juba, Magwi) but will be expanding to up to 14 facilities (and an additional county) in the next few months. The HFA will be conducted in all 14 health facilities supported by MIHR.

Within the health facility, the HFA assessment will be conducted with the head of the facility and/or relevant service providers, as well as staff who are responsible for monthly reporting and for ensuring essential commodities for FP/RH and MCH are in stock. If the same provider covers multiple roles, they will be asked about each area of focus.

### Data collection Methods

Due to COVID-19, additional safety precautions will be used to protect data collectors, study respondents, and others involved in the study. This includes the use of personal protective equipment (PPE), appropriate social distancing, and conducting interviews outside as much as possible, and sanitizing all data collection equipment (e.g., mobile tablets). No group data collection activities will be conducted as part this assessment. Data collectors will have extra disposable face masks for participants’ use, as needed, to encourage study participants to wear masks during study interviews and related interactions. Any further precautions recommended by the Government of South Sudan and/or by USAID will be followed as well.

A structured HFA survey will be conducted in the 14 health facilities supported by MIHR. The survey will be loaded on a mobile device (e.g., tablet) for easy data collection and transmission. GPS coordinates will be taken for each site of data collection. The HFA survey will be pilot field tested before data collection begins.

The HFA will collect data on:

* + Health facility identification, location and managing authority
	+ List of services provided
	+ Facility infrastructure and functional status (e.g., water supply, telecommunications, electricity, beds, etc.)
	+ Community health service structures
	+ Patient flow, including referrals to other services
	+ Supplies and equipment available for FP/RH and MNCH services
	+ Service documentation (e.g., registry logs, patient records, routine reporting forms, etc.)
	+ HMIS data use
	+ Health workforce (e.g., cadre, staff training, guidelines, etc.)
	+ Drugs and commodities, including stockouts
	+ Diagnostic facilities and basic lab tests
	+ Infection control practices
	+ Specialized services (e.g., FP/RH, MNCH, adolescent health, etc.)

Data collectors will work as a team (two people per site) to conduct the survey and interviews in each community and each facility.

## Study Management

The MIHR assessment team is comprised of Monitoring, Evaluation, Research, and Learning (MERL) Senior Technical Advisors in the headquarter office in Washington, DC, MEL Senior Advisor in South Sudan, MEL Officers in South Sudan, along with input from the Senior Technical Advisors in South Sudan. The Senior MERL (Washington, DC) and MEL Advisors (South Sudan) will oversee and manage the implementation of this survey and adherence with the assessment protocol. The local Research Firm will be responsible for conducting the survey, data management, data analysis, and report writing, in close coordination with the MIHR assessment team.

See full list of responsibilities of the local Research Firm above (page 1-2).

## Expected outcomes and deliverables.

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| --- |
| **Expected Outcomes:**  |
|  The research firm will conduct health facility assessments under the guidance of the MIHR MEL staff in South Sudan |
| **Final Deliverables Required & Due Dates:**  |
| ***Deliverable*** | ***Due Date*** |
| * *HFA workplan*
* *HFA analytic plan*
 | **1 week from start date** |
| * *Hire and train data collection team*
 | **2 weeks from start date** |
| * *Data collection completed*
 | **2 weeks from fielding data collection teams** |
| * *Data tables based on analytic plan*
* *Clean dataset in original format, and in CSV or XML, with codebook*
 | **2 weeks from completion of data collection** |
| * *Final HFA report*
 | **First draft due 2 weeks from submission of data tables****Final draft due 1 month from submission of draft report** |

# CRITERIA FOR PROPOSAL EVALUATION

Applicant’s proposal should address both illustrative SOWs.

## Technical Proposal (30 points)

1. **Proposed study team, including:**
	1. Description of team needed to implement SOW(s)
	2. Members of the team, with roles and responsibilities, including CVs of management and leadership, and illustrative CVs of data collectors
2. **Proposed data collection and analysis methods, including:**
	1. Details of the location and training to be provided to enumerators
	2. Ethical considerations and process for informed consent
	3. Proposed approach for ensuring safety during COVID-19
	4. Timeline to carry out the data collection for the survey and interviews in the selected health facilities and corresponding communities
	5. Logistical considerations, limitations, and mitigation strategies to limitations
	6. Data collection, data management, and data analysis plan

## Capacity Statement of Organization (30 points)

*Use template in Attachment B to describe Capacity.*

## Organizational Presence

## Research Management

## Research Planning

1. Data Collection
2. Data Analysis

## Past performance (30 points)

1. **Prior experience**
2. Past performance with USAID funded projects
3. Past performance implementing health MERL field activities in South Sudan
4. Past performance with qualitative and/or quantitative data collection
5. Past performance analyzing qualitative and quantitative data
6. Past performance presenting qualitative and qualitative findings (oral and written)
7. **References**

Including at least three references that were involved in past work in the supervision of the Research Firm’s work and qualitative/quantitative (corresponding to SOWs in proposal) data collection activities.

## Financial Proposal (10 points)

Financial proposal will be judged on value for money, and how well the budget is linked to the requested program description.  The proposed costs will be evaluated for realism, reasonableness, allocability, allowability and cost- effectiveness.

1. **Proposed Budget and budget narrative, including:**
	1. Personnel, including level of effort (LOE) for each activity in the proposed timeline.
	2. Data collection travel/logistical costs, and any other related costs
	3. Data analysis and management costs, including data cleaning, translation, transcription, and any other related costs.
	4. Equipment and supplies (e.g., tablets, PPE, etc.)
	5. Communications (e.g., SIM cards, etc.)
	6. Other costs as necessary

# RESPONDING TO THE RFA

The technical application must include the following:

1. **TECHNICAL PROPOSAL –** The technical proposal must be provided electronically, within the following:

***COVER LETTER*** – limited to one page, confirming the entities’ interest in collaborating with IMA under the MIHR project. The cover letter shall incorporate the applicant/offeror entity’s

* The RFA number
* Proposal submission date
	+ Offeror’s legal name, address, a phone number, and information about an authorized point of contact, including the individual’s name and title with the applicant organization, email address and a phone number.
	+ DUNS number. Offerors must poses/obtain a Data Universal Numbering System (DUNS) number.

***TECHNICAL SECTION –*** not to exceed 25 pages in length for both the Program Description 1 & the Program Description 2. This limitation does not include the following:

* Cover page (one-page limit),
* Table of contents (one-page limit),
* Acronym list (one-page limit), and
* Following requested annexes:
* organizational chart (no page limit).
* staffing matrix (no page limit).
* resumes of key personnel (four-page limit each).

Applications may contain matrices, tables, and figures if they synthesize needed intonation.

***CAPACITY STATEMENT OF THE ORGANIZATION*** – The applicant shall complete the “Capacity Statement of the Organization” to include information on entity’s technical capacity, describing skillset and experience in any of the specific technical areas included in the **Attachment B**.

***DOCUMENTATION* -** In addition to the proposal and the budget, applicants should submit the following documents as attachments:

* + Article of Incorporation showing organization is registered and established to do business in South Sudan.
	+ Copy of the organization’s charter and by-laws.
1. **FINANCIAL PROPOSAL -** The applicants shall submit cost proposals / budgets utilizing the provided Budget template (Attachment A.1) as a separate section, which is not subject to the page limitation of the proposal. The financial package shall include a detailed budget (with a detailed budget narrative) for each Program Description, following the template provided. The budget should relate to results while also showing a type of cost for each activity, outlining the costs of the proposed activity/project to be realistic and reasonable for the work in accordance with the Program Description.

To support the costs proposed, please provide detailed budget narrative utilizing the provided template (Attachment A.2) for all costs, to clearly explain the basis of all costs, such as market surveys, price quotations, current salaries, historical experience, etc. The combination of the cost data and breakdowns specified above and the budget narrative must be sufficient to allow a determination whether the costs estimated are reasonable and realistic.

* Please use the templates provided in Attachment A for Budget and Budget Narrative.
* The budget shall be presented in US Dollars.
* The budget narrative shall indicate the exchange rate used between the local currency and the US Dollars ($1 = X South Sudanese Pound).

IMA will review the cost proposal in conjunction with the program proposal for purposes of cost realism.

# BUDGETING GUIDELINES

**Personnel / Salaries -** List personnel costs, excluding fringe benefits, for each requested staff position directly involved with project activities. Individually list all personnel (i.e., principal investigator, program manager, etc). Direct salaries and wages should be proposed in accordance with the applicant's personnel policies.

* Salaries of named individuals must be the actual current salaries.
* For staff “To Be Determined”, yet to be hired directly for the project/activity, the rate will follow the existing salary structure within the organization for a similar position.

The Budget Narrative should include and explain all positions with their base salary, budgeted in the units in which they are paid. For example, if an organization pays its employees monthly rates, then the unit of measure in the budget should be the month and the applicant must use the rate per month for each employee. The percentage of effort (LOE) for the proposed project should be indicated for each position.

**Staff Fringe / Local Dues -**These are any employment benefits that staff paid from this project will receive. These may be health insurance, social security payments to Government, unemployment benefits, educational benefits, etc. Benefits should be calculated based on the standard employment benefits offered by the organization where they will work and should follow the minimum requirements mandated by the local labor law. If a % is used, a formal indirect rate validating documentation is required. If not available, a detailed breakdown of all fringe benefits in the budget narrative is needed to explain every factor considered in the line-item calculation.

The budget template currently has 1% as an example. Please adjust this rate accordingly.

**Travel Transportation –** The travel and transportation category cover costs related to the travel expenses for staff or consultants directly related to the implementation of the proposed activity/project.

***Domestic Travel*** means local, travel within South Sudan, including both air and ground travel.

***International Travel*** means travel to – from outside of South Sudan.

The application should indicate the number of trips, domestic and international (if any), and the estimated costs per trip. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Include costs directly related to the major activities, including expenses for all modes of transportation, lodging, meals, vehicle rental, and misc.

* Local, in-country travel - Perdiem rates in the budget for local travel - If your organization has a per diem policy use lodging and M&IE rates from the policy, provide a copy of your policy. *(applicants may choose to refer to the Federal Standardized Travel Regulations for cost estimates).*
* International travel – international perdiem rates budgeted shall not exceed the U.S. Government rates as in the [U.S. Department of State](http://www.state.gov/m/a/als/prdm/).

**Equipment -** The Offeror must specify all equipment that it expects to purchase and specify the type, unit number, and unit cost, the manufacturer, and the expected country/source of the purchase.

**Activities/Workshops/Training -** This section should include all technical or programmatic activities under the activity/project. Each activity shall be unpacked/detailed budgeted presenting all types of costs needed for the particular activity.

Cost estimates should be based on the prevailing rates in the location where the activity will be conducted. Include all the possible cost items in the computation. Please see the example below (not limited to):

Activity: Conduct of training in locality X

Possible Cost items: Venue and food

 Equipment rental

 Training materials

 Speakers fee/honorarium

In computing the budget, take note of the number of participants, unit cost, number of units, and duration of the training.

**Other Direct Costs -** Other costs associated with the implementation of the activity/project that is not included in any other cost category specified above. Examples include communications, office supplies, etc.

**Indirect Cost -** Indirect costs are costs used to support the operation of the applicant and which will not be directly billed to the grant. These may be overhead or general and administrative costs. All applicants claiming indirect costs in their budget must submit proof that this rate has been independently verified by a third party. This may be through a copy of their Negotiated Indirect Cost Agreement (NICRA) with a US Government Federal Agency or independently audited financial statements which clearly show the indirect rate and how the organization has determined it. In case of the absence of both, the offeror can apply 10% minims allowed by USAID per 2CFR200.414 Indirect (F&A) Costs.

Local Institutions usually do not have a Negotiated Indirect Cost Rate Agreement (NICRA) letter with the US Government. Therefore, the enclosed budget template indicates 10%. If you have a NICRA or any other similar document for a higher rate, please adjust it in the budget accordingly and include a copy of it with your financial proposal.

# Attachment A

## Templates - Budget and Budget Narrative

The following two attachments **A.1 – Budget template** and **A.2 Budget Narrative template** are enclosed with this Request for Applications to be used/utilized by the offerors.

# Attachment B

## Capacity Statement of the Organization

Emphasize the technical qualifications of your entity/consortium in undertaking similar assignments in each of the following technical aspects of the research. Provide details of past experience working with similar project authorities.

|  |
| --- |
| **ORGANIZATIONAL PRESENCE** |
| List the regions of South Sudan where your research firm has conducted research and the year data collection took place.  |  |
| **RESEARCH MANAGEMENT** |
| Coordination of complex longitudinal project with a consortium of investigators |  |
| Good understanding of the South Sudan health system |  |
| IRB / ERB / Ethics submission  |  |
| Creating / Maintaining Detailed Implementation Plans for Research Activities |  |
| **RESEARCH PLANNING** |
| Field Testing / Pilot of Draft Tools  |  |
| Recruit Enumerators |  |
| Training of Enumerators (Qualitative) |  |
| Training of Enumerators (Quantitative) |  |
| Research Ethics (training, planning) |  |
| **DATA COLLECTION** |
| Mobile Data Collection (Quantitative) |  |
| Qualitative Data Collection |  |
| Qualitative Transcription |  |
| Data Verification / Validation |  |
| Data Cleaning |  |
| **DATA ANALYSIS** |
| Quantitative Data Analysis (include software and methods) |  |
| Qualitative Data Analysis (include software and methods) |  |
| Data Visualization |  |
| Report Writing (note specific experience for USAID funded research) |  |