

**Request for Applications**

**MOMENTUM Integrated Health Resilience:**

**SOuth Sudan - SBC communication packages**

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| **Issuance Date:** | **October 7, 2021** |
| **Deadline for Questions:** | **October 14, 17:00 South Sudan Time** |
| **Deadline for Proposals:** | **October 24, 17:00 South Sudan Time** |

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# ACRONYMS

|  |  |
| --- | --- |
| DUNS | Data Universal Numbering System |
| E2A | Evidence to Action |
| FAA | Fixed Amount Award |
| FOSA | Health Facility |
| FP | Family planning |
| GBV | Gender-based violence |
| iCCM | Integrated Community Case Management |
| IDI | In-depth interview |
| IMA | IMA World Health |
| KII | Key informant interview |
| LARC | Long-acting reversible contraceptives/contraception |
| LOE | Level of effort |
| MSA | Master Service Agreement |
| MER | Monitoring, evaluation, and research |
| MERL | Monitoring, evaluation, research, and learning |
| MIHR | MOMENTUM Integrated Health Resilience |
| MNCH | Maternal, newborn, and child health |
| NGO | Non-governmental organization |
| 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 in South Sudan implements an integrated FP/RH/MNCH program aimed at supporting improved FP/RH/MNCH outcomes and strengthen the USAID/South Sudan resilience platform. IMA is the lead MIHR implementing partner working in partnership with JSI Research and Training Institute, Inc. (JSI); GOAL USA Fund (GOAL); and Pathfinder International. MIHR as well collaborates with the Ministry of Health (MOH), other implementing partners, and key stakeholders.

Within the framework and on behalf of MIHR, IMA is seeking a local partner(s) to assist the project in South Sudan with developing and piloting SBC communication packages that support and document health resilience-focused SBC activities based on a recently conducted Social Norms Assessment in country. The Recipient will be responsible for ensuring achievement of the program objectives. Please refer to the Program Description section for a complete statement of goals and expected results.

The total budget amount available for the subject award is approximately $40,000 for the anticipated period of performance of 12 months from the effective date of award, with an anticipated start date of November 2021 and completion date of October 31, 2022, with possibility of an extension. The agreement will have an exact schedule specified. IMA expects awarding 1or 2 Fixed Amount Awards (FAAs) as mini-innovation grants for the Program Description (PD) stated in this RFA.

MIHR will select and fund local partner(s) competitively through this RFA, selecting the finalist based on responses to this solicitation. The award(s) will be made to that responsible applicant whose application best meets the requirements 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.

IMA reserves the right to fund any or none of the applications submitted. 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:** | October 7, 2021 |
| **Deadline for Questions:** | October 14, 2021, 17:00 South Sudan Time |
| **Deadline for Proposals:** | October 24, 2021, 17:00 South Sudan Time |

Questions concerning this request should be submitted via email to [info@momentumihr.org](mailto:info@momentumihr.org)

by 17:00 Juba time on October 14, 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](mailto:info@momentumihr.org) by **17:00 Juba time on October 24, 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 initial period of performance anticipated herein is approximately twelve (12) months from the effective date of award, with an anticipated start date of November 1, 2021 and completion date of October 31, 2022. This will be subject to possible extension depending on the availability of funds and of the sub-awardee performance.

**BUDGET CEILING –** Subject to the availability of funds from USAID total budget available for this activity is approximately $40,000 per award in total for the life of the activity. Please refer to the “Financial Application” section for a comprehensive explanation on preparing your budget in line to your response to this RFA.

**LANGUAGE REQUIREMENTS –** The proposal including both technical as well as the financial (budget) shall be submitted in English.

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

**EVALUATION –** IMAwill 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 possess 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 ORGANIZATION REQUIRED QUALIFICATIONS

### Minimum Organizational Capacity

The local organization will have to meet the prescribed minimum capacity in the following areas:

* A board governance system/oversight committee system
* Organizational structure and systems
* A human resource for health management system
* Procurement and supplies management system
* Finance and internal control systems
* Project management and performance management system
* Has organizational credibility within the community with a proven record working successfully as a reliable partner in the community
* Openness to technical support and change management needs
* Current staff have the ability to be trained and utilize developed skills in a timely manner to produce expected results

### Minimum technical capacity

SBC/health resilience programming history and potential – Health resilience is the ability of people, households, communities, systems, & countries to mitigate, adapt to, and recover from shocks and stresses, in a manner that reduces acute and chronic vulnerabilities and facilitates equitable health outcomes. Priority in selection will be given to local organizations that have previous experience in SBC/health resilience service programming or have the potential to do so. This could be in direct service delivery, community education, awareness creation and mobilization, and advocacy

Minimum Technical Capacity - Currently working in SBC/health resilience service programming. Priority in selection will also be given to local organizations currently working in SBC/health resilience service programming. This could be direct service delivery, community education and mobilization, advocacy, etc. The organization should possess several of the following applicable and relevant minimum health programming skills: technical capacity, programming policies, guidelines and SOPs, a coordination structure, qualified staff, relevant infrastructure and equipment, supplies management systems, record, and information management system

Previous work with other donors - Priority in selection will be accorded to local organizations that provide evidence of having worked with other donor organizations as a subgrantee

Geographical /catchment area of operations - Priority for selection will also be given to local organizations that operate in Magwi, Kajo Keji, Juba, Yambio, Wau, and Bor counties and especially in the rural and the hard-to-reach areas where very vulnerable community members reside.

# LOCAL ORGANIZATION RESPONSIBILITIES

The local organization(s) responsibilities include developing action plans and supporting MIHR in the implementation of the following:

* Adaptation/development SBC communication activities/messages in response to COVID-19 and other pandemics, shocks, and stresses
* Roll-out of social accountability activities, including community group engagement, in the community, including youth (Partnership Defined Quality (PDQ) & Partnership Defined Quality – Youth (PDQ-Y)
* Co-design and co-implement innovative male engagement interventions for FP/RH
* Ensuring SBC and gender activities support resilient individuals, families, and communities
* Provider behavior change activities at the facility and community level, including provider-client interactions
* Facilitate sub-national SBC Strategic Action Plans and subsequent SBC coordination meetings
* Other activities as needed

# PROGRAM DESCRIPTION

## Introduction

Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale (MOMENTUM) Integrated Health Resilience (IHR), hereafter referred to as MIHR, is a global United States Agency for International Development (USAID) cooperative agreement designed to strengthen quality voluntary family planning and reproductive health, maternal, newborn, and child health (FP/RH/MNCH) care and services in fragile settings. The project will also advance global knowledge on strengthening FP/RH/MNCH service delivery and building resilience in fragile settings. It is part of USAID’s MOMENTUM suite of awards, designed to ensure that investments in USAID countries at the humanitarian/development nexus are tailored to country contexts and foster sustainability. MIHR will support countries to overcome the impacts of fragility on each population’s health and contribute to countries’ movement along the development continuum toward reduced maternal and child mortality. MIHR will consolidate gains from previous USAID FP/RH/MNCH programs, while introducing fresh perspectives in systems thinking and health resilience.

Specifically, MIHR will 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. The project will work to enhance the uptake, access, and quality of FP/RH/MNCH to improve the health and wellbeing of women, children, and their families; empower women and girls and youth; and improve interactions between populations, health, and the environment, regardless of shocks and stresses. To ensure ongoing learning, collaboration, and adaptive management, the project will reinforce evidence-based decision-making that will enable the ongoing identification of innovations to strengthen health systems in fragile settings. MIHR will collaborate with other multi-sectoral partners to build health resilience and ensure measurement, dissemination, and use of evidence-based practices.

## Background

In July 2020, USAID requested that MIHR implement an integrated FP/RH/MNCH program in South Sudan with a focus on transitioning the existing USAID-funded Evidence to Action (E2A) project, implemented by IntraHealth, to MIHR by the end of December 2020. IMA World Health (IMA) in South Sudan serves as the lead implementing partner for MIHR in South Sudan. Other partners include JSI Research and Training Institute, Inc. (JSI); GOAL USA Fund (GOAL); and Pathfinder International.

The goal of the MIHR program in South Sudan is to support improved FP/RH/MNCH outcomes and strengthen the USAID/South Sudan resilience platform. MIHR will work with the Ministry of Health (MOH), other implementing partners, and key stakeholders to achieve the following objectives:

**Strategic Objective 1**: Increase access to and quality of integrated FP/RH/MNCH care and services in public and private health sectors.

**Strategic Objective 2:** Increase demand for and utilization of quality FP/RH/MNCH interventions and care by individuals, families, and communities.

**Strategic Objective 3:** Enhance resilience and inclusiveness of the health system in South Sudan with increased capacity to provide integrated client centered FP/RH/MNCH care and services.

## Objective

MIHR aims to engage local national NGOs to support social and behavior change, gender, youth and health resilience-building activities throughout South Sudan, utilizing the results of a recent Social Norms Assessment. Local national partners must have familiarity with language and cultural, astute geographic and contextual knowledge, experience working in the health field, and who will remain on the ground beyond the project end to offer long-term sustainability and effective resilience modeling, paving the way to recovery and stability. In a co-creation workshop, MIHR will work with the successful sub-grantees to develop a specific SOW inclusive of an activity plan, expected outcomes, and deliverables.

# CRITERIA FOR PROPOSAL EVALUATION

## TECHNICAL PROPOSAL (50 POINTS)

* + 1. **Proposed team**

Description and CVs of management and leadership, as well as the technical staff who will carry out activities under “Local Organization Responsibilities” section, including roles and responsibilities

**2. Past performance**

Details of experience in SBC/health resilience programming, including

* + Risk communication and community engagement
  + Formative assessments (e.g., focus group discussions, interviews)
  + Development and pre-testing of SBC message and materials
  + Work with other stakeholders (e.g., INGOs, MOH, UNICEF, etc.)
  + Community mobilization, advocacy, etc.
  + COVID-19 response and example mitigation measures
  + Past performance with USAID funded projects
  + Experience/performance with other donor organizations
  + Experience as subgrantee/subrecipient

1. **Geographical/ catchment area of operations**

Priority for selection will be given to local organizations that operate in MIHR project health zone areas (Yambio, Juba, Bor, Wau, Kajo Keji, and Magwi counties), and especially in the rural and the hard-to-reach Bomas where very vulnerable community members reside.

## CAPACITY STATEMENT OF ORGANIZATION (40 POINTS)

* The local organization will have to meet the prescribed minimum capacity in the following areas:
  + Board governance system or oversight committee systems
  + Organizational structure and systems
  + Human resources for health management system
  + Procurement and supply systems
  + Finance and internal control systems
  + Project management and performance management (M&E) systems
* Shows potential for SBC/health resilience service programming
* Organizational credibility within the community
* Openness to technical support and change management
* Level of capacity strengthening needs in relation to time necessary for results.

## BUDGET (10 POINTS)

A detailed budget demonstrating the lowest possible cost within the total amount available *(stated above under “Application Instructions” section)* is requested to demonstrate the applicant’s ability to provide quality services that emphasize value for money. The budget shall be formed in accordance with the Budgeting Guidelines section below and shall be based on your previous experience and programming. The budget will be evaluated for realism, reasonability, allocability, allowability, and cost-effectiveness.

# RESPONDING TO THE RFA

Applications shall be submitted in two separate parts: (a) technical and (b) financial.

The **TECHNICAL APPLICATION** must include the following:

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

1. COVER LETTER – limited to one page, confirming the entity’s interest in collaborating with IMA under the MIHR project. The cover letter shall incorporate the following:

* 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 – applicants must poses/obtain a Data Universal Numbering System (DUNS) number

1. TECHNICAL SECTION– not to exceed 10 pages in length, however, the following documents do not count against the page limit:

* the cover page
* table of contents
* acronyms list, and
* following requested annexes:
  + organizational chart
  + staffing matrix
  + resumes of key personnel (four-page limit each)

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

1. DOCUMENTATION – In addition to the application and the budget, applicants should submit the following documents as attachments:

* Copy of a valid South Sudan registration certificate
* Copy of the organization’s constitution/charter and by-laws
* Copy of the most recent annual financial and audited financial statements
* Other documents (if necessary) may be requested at a later date

**FINANCIAL / BUDGET -** The applicants shall submit cost proposals as a separate section, which is not subject to the page limitation of the proposal. The financial package shall include an overall detailed illustrative budget as well as a detailed budget defined by milestones and a budget narrative. The budget should relate to example 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.

To support the costs proposed, please provide a detailed budget narrative for all costs that clearly identifies 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 of whether the costs estimated are reasonable and realistic.

* Please use the templates provided in Attachments A.1 Budget and A.2 Budget Narrative.
* The budget shall be presented in US Dollars.

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 staff position listed in the technical proposal. 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 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.

The application should indicate the illustrative 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 – per diem 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).*

**Equipment** – The Applicant 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 proposed 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.

# ATTACHMENTS

## 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 applicants.