Request for Proposal

Ideation and Execution of ‘On Ground Activation’ (OGA) for Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project

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<th>RFP No</th>
<th>RFP No.61/SHOPS PLUS/2019</th>
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<td>RFP Title</td>
<td>Ideation and Execution of ‘On Ground Activation’ for Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project</td>
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<tr>
<td>Issue Date</td>
<td>09 Feb 2019</td>
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<td>Issuing office</td>
<td>SHOPS Plus India, Abt Associates Inc.</td>
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<tr>
<td>Due Date for receiving questions/clarifications on the RFP</td>
<td>17 Feb 2019 (by 11:59pm)</td>
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<td>Due Date for Response to questions</td>
<td>20 Feb 2019</td>
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<td>Closing Date for Receipt of proposals</td>
<td>25 Feb 2019 (by 11:59pm)</td>
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<tr>
<td>Address of submission of proposals</td>
<td>Email: <a href="mailto:rfpresponse@abtindia.net">rfpresponse@abtindia.net</a></td>
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PART I: INSTRUCTIONS AND PROCEDURES

1.0 INTRODUCTION

1.1 Activity- Abt Associates Inc., invites experienced companies, agencies, industrial associations/bodies to compete for a contract to provide services for “Ideation and Execution of ‘On Ground Activation’ for Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project” as specified in Annex A “Statement of Work” of this RFP. Abt’s estimated total budget for this procurement is approximately in the range of INR 18,000,000 (One crore eighty lakh rupees) to INR 22,000,000 (two crore twenty lakh rupees) inclusive of applicable taxes.

1.2 Definitions and Headings. Except as otherwise specifically provided herein, all time periods specified shall be consecutive calendar days. The term RFP is used throughout this RFP to refer to the entire document, including all attachments thereto. Any headings contained in the text of the RFP are for reference only, and do not alter, limit, or waive the content of the full provisions.

1.3 Bidding Costs. Issuance of this solicitation does not constitute an award commitment on the part of Abt Associates, nor does it commit Abt Associates to pay for any costs incurred in the preparation or submission of proposal. Abt Associates reserves the right to reject any and all offers, if such action is considered to be in the best interest of the agreement.

1.4 Review of RFP. Prospective Bidders are solely responsible to examine carefully all of the terms and conditions of this RFP and to comply fully therewith. Failure to do so will be at the prospective Bidder’s risk and expense. Any patent ambiguities or inconsistencies between or among the various provisions of the RFP shall be resolved against the Bidder if it fails to seek clarification of same prior to award.
1.5 **Language.** All documents submitted in response to this RFP, as well as all correspondence in connection with the RFP, shall be in the English language.

1.6 **Inquiries.** Inquiries concerning this RFP must be submitted in writing, to be received sufficiently in advance of the Last Date for Receipt of Further Information by **17 Feb 2019 by 11:59pm IST** to permit a thorough and accurate response by Abt Associates. Such inquiries shall be sent by email, directed to Attention: **Request for Further Information, “Ideeation and Execution of ‘On Ground Activation’ for SHOPS Plus project” RFP no. 61/SHOPS PLUS/2019** email: rfpresponse@abtindia.net, Abt Associates is under no obligation to consider or respond to questions that are not received in a timely manner. All responses to questions will be issued to Offerors as an amendment to this **20 Feb 2019.**

1.7 **PART I:** This Part 1, Bidding Instructions and Procedures, will not form part of any resulting award or contract. It is intended solely for the information of prospective Bidders.

1.8 Abt Associates will issue one or more contracts resulting from this solicitation to the responsible Bidder whose offer conforms to the solicitation and provides the best value to Abt Associates. USAID Standard Provisions will be flowed down the resulting contract. For details visit: https://www.usaid.gov/ads/policy/300/303mab

1.9 Bidders are informed that Abt Associates Inc. complies with U.S. Executive Order #13224 on Terrorist Financing, which effectively prohibits transactions with persons who commit, threaten to commit or support terrorism. Any person or entity that participates in this Application process, either as a prime or sub to the prime, must certify as part of the proposal that it is not on the U.S. Department of Treasury Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) List and is eligible to participate. Any Application received by a person or entity that is found to be on the list or otherwise ineligible will be disqualified.

1.10 Requirement for Data Universal Numbering System (DUNS) number: The Bidder selected for the contract must be registered with DUNS and must provide the DUNS number to Abt Associates before the contract can be issued.

2.0 **PROCUREMENT PROCEDURE: COMPETITIVE BIDDING**

2.1 **RFP.**
This RFP constitutes an invitation to prospective firms to submit Proposal for the services described herein. It consists of (1) Part I, Instructions and Procedures, (2) Part II Scope of Work, (3) Part III Technical Proposal (4) Part IV Cost Proposal, (5) Part V Evaluation of Proposal, (6) Part VI Representations and Certification Forms. All of the foregoing are fully incorporated herein and form an integral part of this RFP.

2.2 **Form and Content of Proposal.**
(a) All proposals must be in writing, in the English language, and signed and dated by an authorized employee of the bidder. **Bidders must use the Forms provided in Annexes of this RFP.**

(b) The proposal validity period should be at least **ninety (90) days** following the Last Bid Receipt Date. This should be clearly mentioned in both technical and cost proposal.

(c) The proposal will consist of a technical proposal and a cost proposal, to be submitted within the Last Bid Receipt Date of **February 25, 2019 (11:59pm).**

(d) All documents should be sent in **pdf format unless otherwise specifically mentioned.**
2.3 Submission and Handling of Proposal.

(a) Proposals are to be delivered by email to: rfpresponse@abtindia.net. The Subject line to state “Ideation and Execution of ‘On Ground Activation’ for Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project” RFP no. 61/SHOPS PLUS/2019

(b) In order to be considered, the original bid must be received at the above email no later than the Last Bid Receipt Date, which is defined as February 25, 2019 by 11:59pm New Delhi, India time. Bidders are solely responsible to ensure the timely receipt of their proposals. Proposals received after the date and time required will not be considered.

(c) Proposals need to be submitted in two separate documents, one marked “Technical Proposal” and the other marked “Cost Proposal.” Once received, they will be held secure and intact. The requirements of Technical Proposal are mentioned in Part III and Cost Proposal in Part IV in the document below.

(d) Proposals may not be altered, corrected, or withdrawn after the Last Bid Receipt Date, except that Abt Associates, at its sole discretion, may permit correction of arithmetic errors, transposition errors, or other clerical or minor mistakes, in cases in which Abt Associates deems that both the mistake and the intended bid can be established conclusively on the face of the bid. Other than the mistakes listed in the previous sentence, no mistakes alleged by a bidder after the Last Bid Receipt Date will be permitted to be corrected.

2.4 Amendments.

If at any time prior to award Abt Associates deems there to be a need for a significant modification to the terms and conditions of this RFP, Abt Associates will issue such a modification as a written RFP amendment to all competing bidders. No oral statement of any person shall in any manner be deemed to modify or otherwise affect any RFP term or condition, and no bidder shall rely on any such statement.

2.5 Post-RFP and Iterative Negotiation.

Abt Associates reserves the right, in its sole discretion, to conduct negotiations in accordance with Abt and/ donor’s policies and procedures and to request additional information from prospective Bidders to supplement or clarify any aspect of the proposal documents. However, Bidders are strongly encouraged to submit their best offers as Abt Associates may not exercise its right to conduct any negotiations. The selected Agency can expect that the other corporates may be willing to fund the impactful OGA ideas in order to achieve greater scale. There is thus a possibility that the agency can get additional business.

2.6 Extension of Bid Validity Dates.

When necessary and appropriate under the circumstances, Abt Associates may request bidders, in writing, to extend the validity period of their bids. A bidder may refuse to extend; however, its bid will be disqualified. Subject to Section 2.9, a bidder agreeing to extend will not generally be permitted or required to modify its bid in any manner other than to extend it.

2.7 Responsibility.

A successful bidder may be required, in order to be awarded a Contract pursuant to this RFP, to demonstrate to the satisfaction of Abt Associates that it is a responsible firm with regard to the specific transaction described in this RFP. In order to be determined responsible, a bidder must (1) have adequate personnel, financial resources, equipment, and material to perform the Sub-Agreement, or the ability to obtain them; (2) be able to comply with the required or proposed delivery schedule and, (3) have a satisfactory record of performance, business ethics and integrity. Abt Associates reserves the right to request additional
information relevant to responsibility at any time prior to award. The project will conduct due diligence before finalizing.

2.8 Statement for basis of Award.

Award will be made to the offeror whose final offer represents the best value using a combination of cost/price and technical or non-cost/price factors.

2.9 Responsibility of offerors.

Abt Associates may award a subcontract without discussions with Offerors. Therefore, initial offers should contain the Offerors best terms from a price and technical standpoint.

2.10 Type of award.

The type of award anticipated will be milestone based payment (a brief note provided below). Abt reserves the right to change to Cost reimbursable (a brief note on type of award mentioned below)

2.10.1 Milestone based payment

Payment based on negotiated and priced milestones (performance-based payments). Where delivery is on an expected time, specific milestones may be established and priced, allowing for payment upon completion of the specific milestone (e.g. purchased materials, approved design). The supplier may request performance-based payments upon completion of a milestone in a form approved by Abt Associates.

2.10.2 Cost Reimbursable.

Payment based on cost incurred. The supplier submits an invoice for actual cost incurred as described in the applicable clause. In the case of a T&M/Labor Hour agreement, hours are billed as priced in the subcontract/PO.

2.11 Rejection or Award.

(a) Abt Associates is not bound to accept the lowest priced proposal and reserves the right to accept any proposal in whole or in part and to reject any or all proposals. Circumstances in which rejection of all proposals may occur include, without limitation, the following: (1) Supplier is ineligible to tender under this RFP on any grounds laid down by our donors’ procurement laws, regulations and policies, (2) the bid is not accompanied with the required supporting documents, (3) the bid is not substantially responsive to the terms, conditions and specifications in the RFP, and (4) the bid is not otherwise generally in order. A decision by Abt Associates regarding whether or not to reject any bid that is or may be inadmissible shall not be subject to question by any Bidder whose bid is not itself fully responsive and admissible.
PART II. SCOPE OF WORK

The scope of work will be implemented from April 2019 to September 2019.

Annex-A: Statement of Work

Ideation and Execution of On Ground Activation (OGA) for Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project

This Annex-A (Scope of work) has been divided into the following sections:

1. Overview of Abt Associates, SHOPS Plus

2. Brief details of the components of SHOPS Plus project:
   a) Family Planning component
   b) Safer Sexual Practices component
   c) Child Health

3. OGA objectives and tasks:
   a) Ideas for carrying out OGAs, knowledge management, brainstorming with the operations team for refining OGAs and
   b) Implementation strategies including, an execution plan with all stakeholders, scale up strategies, local presence or strategy to cover all identified 10 cities and outlining of deliverables

4. Requirements from the agency/organization at the proposal stage for the technical proposal
1: Overview of Abt Associates, SHOPS Plus

Abt Associates:
- Abt Associates, founded in 1965, is a mission-driven, global leader in research, evaluation and program implementation in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt Associates is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. The company has multiple offices in the U.S. and program offices in more than 40 countries.
- Abt Associates has been in India for the last 13+ years.
- Prior United States Agency of International Development’s (USAID)-funded projects in India that Abt Associates has implemented for Oral Contraceptive Pills (OCPs) and condoms have produced positive and award winning results- with respect to increases in volumes and usage. The Goli ke Hamjoli campaign was awarded the best Healthcare PR campaign in Asia in 2000 (https://www.youtube.com/watch?v=LvF90JiST8U); The Condom Bindaas Bol campaign won many awards in 2007 - UN Grand Award, Population First Special Award, EFFIE Awards, Golden World Awards for Excellence in PR, PR Week Asia Pacific Awards, Goa Fest Media Awards;
- Saathi Bachpan Ke campaign (category campaign on anti-diarrhea) was awarded for best use of vertical marketing at the Media Abby Awards at Goafest in 2012

SHOPS Plus:
- Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID’s flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas.
- SHOPS Plus supports the achievement of Government of India and U.S. government priorities, including ending preventable child and maternal deaths, an AIDS-free generation, and FP2020. The project improves the equity and quality of the total health system, accelerating progress toward universal health coverage (https://www.shopsplusproject.org/).

SHOPS Plus India:
- The SHOPS Plus project in India is a four year (May 2016 – September 2020) initiative to increase the use of family planning (FP), child health (CH) and tuberculosis (TB) treatment products and services among the urban poor through private sector approaches.
- The SHOPS Plus India project builds on past successes and lessons learned from USAID investments in private sector solutions, including the Private Sector Partnerships-One, Market-Based Partnerships for Health (MBPH) and Strengthening Health Outcomes through the Private Sector (SHOPS) projects implemented by Abt Associates in India.
- The components of SHOPS Plus India that pertain to this RFP are:
  o Component 1-Family Planning: Focuses on revitalizing the market for short-acting contraceptive methods to address unmet need of young married couples across urban areas in 10 cities. The OGA will supplement the mass media campaign on oral contraceptive pills.
  o Component 2-Safer Sexual Practices: Using OGA campaigns to implement local outreach in 3 cities to increase the adoption of safer sexual practices among unmarried youth including the promotion of condom and emergency contraceptives.

1 https://www.shopsplusproject.org/resource-center/goli-ke-hamjoli-promotion-oral-pills-urban-north-india
2 https://www.shopsplusproject.org/resource-center/growing-condom-market-india-bindaas-bol-campaign
Component 3- Child Health: Using OGA at point-of-care and at point-of sale (Household, pharmacy & service delivery points) to improve diarrhea management practices in 6 capital cities. Specifically, project will encourage stocking of oral rehydration salts (ORS) and zinc tablets before onset of diarrhea and continued usage of zinc for 14 days.

Component-specific geographic scope:

<table>
<thead>
<tr>
<th>Safer Sex Practices Component</th>
<th>Family Planning Component</th>
<th>Child Health</th>
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<tbody>
<tr>
<td>Raipur, Ranchi and Delhi</td>
<td>Guwahati, Delhi-NCR, Haridwar, Dehradoon, Ranchi, Raipur, Bhubneshwar, Jamshedpur, Dhanbad, Durg-Bhilainagar</td>
<td>Guwahati, Delhi-NCR, Dehradoon, Ranchi, Raipur, Bhubneshwar</td>
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- SHOPS Plus India will implement category campaigns. These campaigns will promote a particular product category (OCPs, emergency contraceptives (ECs), condoms, ORS, zinc) not any specific brand.
- The period of performance is from April 2019 to September 2019 for all components.

2. Brief details of the components of SHOPS Plus project

a) Family Planning (Married) component

Target group for Married component:
- Primary:
  - Married women aged 18-29 years and their spouses in urban areas
  - With an annual household income of INR 1 lakh- INR 6 lakhs (INR 100,000 – INR  600,000 p.a)
  - Contemplating spacing between children, but are not using a modern method
- Secondary:
  - Mother-in-laws
- Others:
  - All organizations (commercial or non-commercial) who could join as partners

Overview: Knowledge and Usage of Short Acting Modern Contraceptive Methods
- Currently married urban women in the age group of 15-29 make up 15% of the total urban female population (Census 2011). 19.5% of women in the 15-19 age group are married as compared to 68.5% in the 20-24 years age group and 89% of 25-29 years
- Knowledge of contraception is nearly universal: 98% of women and 99% percent of men (including youth in the age group 20-24 years) know one or more modern methods of contraception.
- Knowledge of Short Acting Method (SAM) such as OCPs amongst men and women is high (83% and 85% respectively). Source NFHS-3
- Modern contraceptive use among urban, married women aged 15-29 years is lower than older women (22% percent and 62% respectively)
- Among all urban married women in India, 69% percent of unmet need for FP and 92% of unmet need for spacing is among women aged 15-29 years (International Institute for Population Sciences (IIPS) and Macro International 2007)
- Despite the high unmet need, use of short-acting FP methods (e.g. condoms, oral pills) has declined in urban areas over the last decade, specially between NFHS-3 and NFHS-4
Contraceptives are purchased by men. 43% of current users of modern contraceptive methods in urban mentioned pharmacy / drugstore as the most recent source of procuring condoms while 60% mentioned pharmacies as the source of procuring pills.

**Barriers**

Studies in urban areas have shown:

- Embarrassment amongst women, hesitancy in discussing FP, lack of sufficient information about FP methods, health concerns and fear of side effects regarding modern contraceptive methods are key reasons for non-usage amongst young married couples.
- Their concerns are often reinforced by friends and family members. The fear of side effects or health concerns is also often affected by misconception or misinformation prevalent in the community.
- Parent, in-laws, relatives and friends have a major role in contraceptive usage, and their views on contraceptive usage, misconception or myths might influence respondent’s non-use contraceptive methods. There is also social pressure from in-laws and husbands regarding the use of contraceptives. But, motivation by peer groups or family members or health workers is one of the significant determinant of use of family planning method.
- Autonomy of the women was found to be significantly associated with use of contraceptives. Also, minimal communication between couples is one of the attributes for low FP usage. Favorable attitude of the husband towards FP was found to be significantly associated with use of contraceptive.
- Reasons for not using OCPs were reported as perceived or experienced side effects/ health concern, dizziness, loss of appetite, weight gain, nausea/vomiting, breast tenderness, mild headache, fatigue, and depression or mood change.
- With regard to use of condom, inconvenience or lack of privacy (including condom disposal) was reported as barrier to use. The retailers and distributors stated that buying a condom is not as comfortable as asking for a painkiller in a drug shop. Men are hesitant to ask for a condom over the counter at first instance. Men typically buy something else and then ask for a condom in a low tone, if crowd is less.
- SHOPS Plus hypothesizes that the immediate result of the combination of “costs” (i.e., health concerns, inconvenience, low return on effort) is that people do not actively seek information/strategies on how best they can address their need gap. As a result, with more “costs/cons” against than “pros” for using contraceptives, many young couples’ decision balance ends up being tipped toward non-use of any contraceptives until they achieve their desired family size.
- In urban areas, particularly cities, physical availability per se is not a challenge for accessing condoms, OCPs and ECPs. However, those seeking FP information or services from health care providers encounter provider biases. Providers restrict clients’ access to spacing and long-acting
methods of FP based on age, parity, partner consent and marital status (Calhoun et al. 2013). Providers often do not offer hormonal methods to young couples due to concerns regarding adverse effects.

- Overall, please refer to NFHS-4, and other secondary sources for further data.

**Geographic focus for Married component:**

- The project will use mass media/radio to reach urban populations of focus states; Assam, Delhi, Chhattisgarh, Jharkhand, Odisha and Uttarakhand.
- On-ground activities will be in 10 cities- Jamshedpur, Dhanbad, Ranchi, Raipur, Durg-Bhilainagar, Dehradun, Haridwar, Bhubaneswar, Guwahati, New Delhi.

**Overview of the activities to be implemented by SHOPS Plus India for the FP (Married) component:**

- Formative consumer research (qualitative) to examine the access and demand dynamics for short acting methods (SAMs) of contraception, specifically condoms, OCPs and emergency contraceptive pills (ECPs). The learnings from this research will be used whilst implementing the OGA strategies.
- Project will design and implement mass media campaigns to address key barriers to the demand for FP products and services. The project will air two phased mass media campaign on OCPs that will involve TV, radio and digital mediums. The project is currently in discussion with key stakeholders for airing of a mass media campaign for generic promotion of condoms.
- Project will design and implement innovative digital media platforms to foster dialogue on FP products and services: Digital media will be used to provide the opportunity to reach and engage married couples by posting content that answers users’ questions and shares their experiences.
- The Project will implement technology-based FP counselling intervention. It will leverage technology to test ways for confidential, convenient and affordable FP counseling services and implement a FP helpline and chatbot.

**b) Sexual and Reproductive Health (Unmarried) component**

**Target group for Unmarried component:**

- **Primary:**
  - Urban unmarried youth aged 15-24 years in urban areas (who maybe still living with their parents, and who are either studying or working in entry level positions in the retail / hospitality / manufacturing other industries)
  - With an annual household income of INR 1 lakh - INR 6 lakhs (INR 100,000 - INR 600,000 p.a)
- **Others:**
  - All organizations commercial or non-commercial who could join as partners

**Overview of sexual practices amongst unmarried youth and related barriers:**

- India has a large and increasing cohort of unmarried sexually active youth, with low access to FP and Reproductive Health products, services and information. At 190 million, youth in the age group of 15 to 24 years comprise 18.4 percent of the population of India (Office of the Registrar General & Census Commissioner 2011). Estimates from the National Family Health Survey-3 indicate that approximately half of women and about four in five men in this age group are unmarried (IIPS and Macro International 2016)
- According to a multi-state study1 on youth in India around the same period, 15 percent men and about four percent women in the 15 to 24 year age group reported having engaged in sex before marriage and 29 percent of these sexually experienced unmarried men and 26 percent of unmarried women reported multiple sexual partners in the last 12 months. Of these, only one in seven men and

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1 The study was conducted in six states including, Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu.
one in twenty women reported using contraception consistently with their premarital sexual partners (IIPS and Population Council 2010)

- While awareness among youth for modern methods of contraception is reported at over 90 percent among unmarried men and women, youth harbor misperceptions and/or possess only superficial information about sexuality and contraception. Studies on adolescent pregnancy strongly associate youth with a lack of sexual and reproductive knowledge, which further substantiates this point.

- Communication campaigns and public health programs intended to address reproductive health issues traditionally focus on educating married couples. Furthermore, health outreach programs for youth do not consider contraception or sexual health—only four percent of urban unmarried men and five percent of urban unmarried women reported having received sexual counseling from a healthcare provider (IIPS and Population Council 2010).

- Part of this is also the impact of stigma—studies on perspectives of youth indicate they lack agency and feel embarrassment about seeking Sexual and Reproductive Health services (Santhya, Acharya, and Jejeebhoy 2011).

- Young women in relationships, in particular, do not have agency to negotiate safe sex or delay sexual debut which is evident from the fact that one in seven young women who had sex with an opposite-sex romantic partner reported that their partner had forced them to have sex the first time.

**Geographic focus for Unmarried component:**

- From a mass media perspective, the geographical focus of The Project is as follows: The TV youth series will be Pan India. The radio series will aim to reach urban youth (15-24 years old) in SHOPS Plus priority cities—viz. Raipur, Ranchi and Delhi NCR.

- On-ground activities will be in 3 cities—Ranchi, Raipur, New Delhi NCR.

**Overview of the activities to be implemented by SHOPS Plus India for Unmarried component**

- The project will partner with ‘youth-oriented’ channels to design and implement an integrated Entertain-Educate approach to change social norms and beliefs of youth. This will include a TV and radio show that addresses normative barriers to contraception and sexual health needs among youth and sensitizes them on the advantages of abstinence and delaying sexual debut. The TV series will have a Pan India coverage. The radio series will aim to reach urban youth (15-24) in SHOPS Plus priority cities—viz. Raipur, Ranchi and Delhi NCR.

- The project is also implementing workplace intervention activities with corporates who have a young workforce to provide them with credible and confidential information on sexual and reproductive health. This intervention will be implemented by SHOPS Plus and partners.

c) Child Health (CH) Component

**Target group for CH component:**

- **Primary:**
  - Caregivers of children under the age of five, the majority of whom are married women aged 18-29 years in urban areas
  - With an annual household income of INR 1 lakh- INR 6 lakhs (INR 100,000- INR 600,000 p.a)
  - Caregivers who are aware of ORS, but may not necessarily be aware of zinc
  - There will be a high overlap of the target group of component 1 (FP-Married) and Component 3 (CH)

- **Others:**
  - All organizations commercial or non-commercial who could join as partners
Overview:

- India accounts for 20% of the global under-five deaths, a fifth of these deaths are due to diarrhea and pneumonia (WHO, 2012). Among under-five children who survive severe diarrhea, chronic infections can contribute to malnutrition, and malnutrition in turn makes children vulnerable to diarrheal infections. The most severe threat posed by diarrhea is dehydration. During a diarrheal episode, water and electrolytes (sodium, chloride, potassium and bicarbonate) are lost. A significant proportion of diarrheal disease can be prevented through safe drinking-water and adequate sanitation and hygiene.

- Treatment with ORS and zinc supplements is the only recommended therapy for most types of diarrheal episode. It is estimated that more than three quarters of all diarrhea deaths could be prevented with full coverage and utilization of zinc and ORS. ORS is a mixture of clean water, salt and sugar. ORS is absorbed in the small intestine and replaces the water and electrolytes lost during diarrhea. Zinc supplements reduce the duration of a diarrhea episode by 25% and are associated with a 30% reduction in stool volume.

- The World Health Organization recommends 10 mg of elemental zinc for children up to 2 months, 20 mg of elemental zinc for children between 2 months – 5 years for 10-14 days, once every day. Both strengths can be promoted, though the public sector promotes the 20 mg strength and brands with 20 mg strength lead the market in the private sector. Zinc can be in the form of oral solutions (syrup) or dispersible tablets; the public sector distributes dispersible tablets (20 mg zinc sulphate) while oral solutions are prevalent in the private sector. Studies have shown that syrups are favored by mothers as compared to dispersible tablets, which leave a metallic after taste. The World Health Organization recommends low osmolality ORS for diarrhea, which is widely available in the market in powder forms (1 liter / 200 ml sachets) or as pre-mixed solutions (200-250 ml).

Barriers to use:

- Although the majority of caregivers seek care for their child’s diarrhea, only 60 percent of children under the age of five received ORS during their diarrheal episode and 24 percent received zinc treatment (IIPS and Macro International 2016). Though there is wide availability of ORS and zinc in urban areas since these products are available in most pharmacies, caregivers do not have access to accurate health information for diarrhea management.

Literature reviews suggest that:

- Caregivers accord more importance to the symptom (diarrhea) than the health risk (dehydration) (Bentley 1987), and consequently demand solutions to curtail the diarrheal episode (Zwisler, Simpson, and Moodley 2013 Care seeking for diarrhea is high, and median delays are less than a day, because the child’s discomfort is immediately observed and caregiver (primary/secondary) is
inconvenienced (cleaning up the child / surroundings)

- In low-income urban areas, the first point of contact for caregivers as they seek care for a child’s diarrhea, is typically an unqualified healthcare provider or a nearest chemist. The power dynamics in such a transaction is skewed more towards the caregiver transaction between the unqualified provider/local chemist and the caregiver, the caregiver has greater influence than in an interaction between a qualified allopath and caregiver (Iyer and George 2013). SHOPS Plus hypothesizes that private providers, responding to client demands for a “quick cure”/ “stopping the loose stools” do not always prescribe ORS and zinc for diarrhea management, and rather prescribe antibiotics and antimotility medications that provide symptomatic relief to the child and give an impression of a cure.

- While ORS (and its predecessor, homemade sugar-salt solution) has been promoted as a treatment for diarrhea, zinc is relatively new – it was only in 2005-06 that the public health experts started talking about zinc as an essential for treatment of diarrhea. It is only in the last three to five years that there have been demand generation efforts around zinc directed at caregivers. Hence overall awareness about the combination therapy of zinc and ORS for diarrhea is low among caregivers, including urban populations. The benefits of zinc in decreasing the duration of the current episode, reducing the quantity of stools and decreasing the likelihood of future diarrheal episodes is low even among healthcare providers (Dhar, Kumar, Majumder, and Paul 2016).

- The project also found that there have been limited investments in educating caregivers living in urban areas on diarrhea prevention and management in the preceding decade, and that projects have focused more on training providers for diarrhea management.

**Geographic focus for CH component:**
- Activities for this component will be carried out in Delhi, Guwahati, Raipur, Bhuneshwar, Ranchi and Dehradun.

**Overview of the activities to be implemented by SHOPS Plus India for Child Health component**
The project will design and implement mass media (radio) and digital media campaigns, supported by public relations activities.

**The OGA is expected to contribute to the achievements of key project indicators (see below):**
- Percent of target audience who report using oral contraceptives during reference period
- Percent of target audience who intend to stock ORS and zinc to treat child diarrhea in the future
- Percent of target audience who report using condoms during reference period
- Percent of target populations who report taking action within 2 weeks of calling the SHOPS Plus supported contraceptive helpline
- Percent change in unit sales of all private sector brands of OCPs, ECs, condoms, ORS and zinc in project area
- Percent target audience who intend to use condoms, emergency contraceptives or oral contraceptives for preventing or delaying pregnancy
- Percent target audience who would recommend condoms, emergency contraceptives or oral contraceptives to someone in their social circle for delaying or preventing pregnancy
- Percent target audience who would recommend ORS plus zinc to someone in their social circle for managing child diarrhea (<5yrs) in the family

3: **OGA objectives, tasks and deliverables**

**What is On Ground Activation:** A pre-decided activity comprising of campaign/events/activities or sharing of experiences through direct communication that enables the stakeholder or the personnel engaged by the project including execution agency to interact with target audience and build a bond
with them around the products or services offered, with the key purpose to get them to act by taking decisions based on informed consent.

**Why On Ground Activation:** In today’s world of mass media, digital and social media, there is a daily deluge of information. Numerous technologies and media (i.e., television, radio, SMS, and internet advertisements) are reaching target groups frequently. SHOPS Plus on ground activations will provide innovative ideas to involve customers and give them a more engaging and memorable experience about family planning and child health related products and services. Rather than viewing the target group as passive recipients of content, the project seeks a firm that will implement *on ground activation actively engages the target groups.*

**Overarching objectives/key results to be achieved through OGA:**
- Initiate discussions on short-acting family planning methods and ORS and zinc among target groups of project geography and share the outcomes/insights with project team for further campaigns
- Supplement the reach of the mass media, radio and digital campaign by generating media coverage of OGA activities that promotes the campaign’s messages and their positive impact
- Develop, test and document successful activities so they can be replicated by project partners
- Promote SHOPS Plus family planning helpline number and chatbot during FP OGAs
- All activities will be implemented in the languages that are relevant to the target audience in that state

**On-ground Activation for Family Planning:**
To improve practices of safe sexual behavior amongst unmarried youth and to improve usage of FP methods for spacing and prevention of unwanted pregnancies and infections, the agency will prototype activities with youth using existing platforms such as Red Ribbon Clubs and the National Services Scheme to amplify FP messaging. The agency will also reach out to youth through congregation places including gyms, colleges, coffee shops, beauty parlors, shopping malls, institutes and non-government organizations to execute impactful OGA activities. Some of the anticipated ideas for the prototypes may include youth clubs (e.g., listener clubs, TVC clubs). The agency must propose new ideas in alignment with the above ideas (though they are encouraged to also present new, additional ideas) to achieve project goals and indicators.
- The agency must design means and methods to connect the target group to the project’s FP counseling services (i.e., helpline, chatbot) and online resources.
- The agency must organize community engagement events to promote the uptake of digital content to reinforce campaign themes.

**On-ground activation for Safer Sexual Practices**—these events will be held in 3 cities - Ranchi, Raipur and New Delhi.
- The agency must implement youth engagement events such as, orientations, discussions, debates, huddles, etc. to generate discussions on campaign themes.
- On-ground activities linked to the TV/radio show will be implemented in close association with the project and its partners.

**On-ground Activation for Child Health:**
To improve diarrhea management practices among caregivers of children under-five, the agency will implement on-the-ground activations to reinforce campaign themes and increase linkages to diarrhea management information and services. The OGA ideas will stress the need for immediately initiating treatment of ORS and zinc at the onset of diarrhea. The project’s campaign will urge the target audience to stock ORS and zinc at home to reduce the time in initiating treatment and also convey the importance of adhering to the 14 day course of zinc. The project envisages conducting proximity campaigns near
points of care like, chemist shops, various child care centers and private medical practitioners. Through proximity campaigns, caregivers will receive information and be directed toward limited promotional offers with their stocking of ORS and zinc. The project will also form partnerships with educational institutions and youth organizations to tap volunteers who will be oriented on disseminating ORS and zinc messages.

- The agency must propose new ideas in alignment with the above ideas (though they are encouraged to also present new, additional ideas) to achieve project goals and indicators.
- The agency will partner with other organizations to implement an integrated diarrhea prevention and management campaign through preferably community activities.
- The agency will design and implement consumer engagement activities that encourage households to stock ORS and zinc at home (similar to the BandAid concept) in partnership with marketers of ORS and zinc.
- The agency will design and implement proximity campaigns near point of care (e.g. Chemist shops and child care clinics).

**Tasks:** The agency will implement the following tasks:

**Overall**

a) Conduct brainstorming sessions for generating ideas for both CH and FP components with willing development and corporate experts.

b) Plan and execute creative activities that would aid in the amplification of the key messages.

c) Design and develop OGA activities, which address barriers to use or promote solutions and have a relevance and life beyond project period.

d) Use as many available creative and innovative options as possible for engaging with education institutes/civil society institutions/others

e) May develop/adapt required IEC material for activities e.g. brochures, flyers, leaflets, etc. if essential to the project OGA activities.

f) Create a detailed plan of delivering the content and community engagement- initial startup and rollout.

g) Utilize digital tools deployed by the project for real time monitoring of the OGAs including eliciting consumer feedback and administering post event short surveys for tracking changes in consumer perception, attributes interests or other parameters.

h) Develop standard operating procedures listing out guidelines, execution plan, materials, monitoring etc. for OGAs to serve as a blueprint for replication by partners.

i) Hire, orient and engage required human resources for execution of selected 8 ideas (two on OCP, two targeted to unmarried and four on CH) in all 6 states

j) Ensure smooth execution of selected OGA and proximity campaigns including permissions from relevant authorities and logistics

k) Facilitate project stakeholders’ field visits before and during piloting and implementation

**Family planning**

a) Promote use of the chatbot and helpline for FP counselling for young married couples through OGAs.

b) Use all digital (audio/visual) content produced by SHOPS Plus for the target group.

c) Foster community engagement activities to communicate messages in the focus cities

**Safer sex practices**

a) Design and implement college events/activities for increased engagement and participation of youth.

b) Use all digital (audio/visual) content produced by SHOPS Plus for the target groups.
c) Conduct OGA activities on life skills education/safe sexual behavior within education institutes/during college fests in close association with the project and other partners to create a buzz around it.

d) Conduct engagement’ activities to engage with student communities and create social online buzz for youth, leveraging digital content platforms created by the project.

Child health

a) Foster community engagement activities to communicate messages in the focus cities.

b) For CH, design and implement consumer engagement OGA activities that encourage households to stock ORS and zinc at home (similar to the BandAid concept).

Deliverables:

**Part A: Idea generating and piloting**

1. Notes from 3 brainstorming sessions for generation of ideas. Each brainstorming session will be held in a different city.

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Units (OGAs Ideas/workshop)</th>
<th>Number of activities/events</th>
<th>No of Cities</th>
<th>Total</th>
<th>Tentative Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes of brainstorming sessions</td>
<td>1</td>
<td>3</td>
<td>N/A</td>
<td>3</td>
<td>June (2) &amp; July (1) sessions</td>
</tr>
</tbody>
</table>

2. Report with a minimum of 10 new viable OGA ideas for CH (proximity campaign and OGA), 4 new viable OGA ideas for FP Married component (proximity campaign and OGA) and 4 new viable ideas for FP Unmarried component (proximity campaign and OGA) Note: The agency may propose additional ideas, which are found to be positive or more promising during the course of the piloting and implementation.

3. Pilot implementation strategy and plans for each selected prototype. Each idea carried out in minimum 2 places of two project cities. (Total 18 CH & FP OGAs), based on criteria set in consultation with Abt.

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Units (OGAs Ideas/workshop)</th>
<th>Number of activities/events</th>
<th>No of Cities</th>
<th>Total</th>
<th>Tentative Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>OGA ideas for CH (Proximity campaign and OGA)</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>40</td>
<td>May-June (6) &amp; July-Aug (4) ideas</td>
</tr>
<tr>
<td>OCP OGA ideas for FP Married (Proximity campaign and OGA)</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>16</td>
<td>June-July (2) &amp; Aug (2) ideas</td>
</tr>
<tr>
<td>OGA ideas for FP unmarried (Proximity campaign and OGA)</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>16</td>
<td>June-July (2) &amp; Aug (2) ideas</td>
</tr>
</tbody>
</table>

(The final decision on the timeline and execution of the prototypes will be decided in consultation with the Abt team.)

4. Detailed standard operating procedures (SOPs) for selected proximity campaigns and OGA ideas
   i) Knowledge management plan

**Part B: Implementing finalized OGAs**
1. Weekly progress updates submitted to the project that monitor and document implementation challenges and successes. The updates will include the agency’s progress against the following targets for the number of people reached (see below):

<table>
<thead>
<tr>
<th>Health Area</th>
<th>Estimated reach through proximity campaigns and on ground activation by Sept 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of OGA</td>
</tr>
<tr>
<td>Child Health (ORS/zinc)</td>
<td>4</td>
</tr>
<tr>
<td>FP married component (OCP focused)</td>
<td>2</td>
</tr>
<tr>
<td>FP unmarried component (condoms, emergency contraceptives)</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

4. Requirements from the agency/organization at the proposal stage for the technical proposal.

Overall details required from the agency at the proposal stage for the technical proposal- across all components. The narrative should have three sections. Section 1 details the general requirements that are pertinent to both Part A & Part B. Section 2 shall contain requirements specific to Part A and Section 3 will contain information for part B.

Section 1: General requirements:

1.1. Agency/ Organization Profile (Required for Part A and Part B)

- Relevant projects managed, campaigns implemented and other relevant activities over the past three years. Highlight campaigns that:
  - Focused on FP, child health or overarching women/child care
  - Past experience of quickly implemented campaigns/ideas addressing social-behavioral-change communications successfully
  - Reached large national or state level scale
  - Converted a core creative idea into OGA activation/implementation campaigns
  - Leveraged partnerships with local stakeholders for scaling up the pilot or intervention
  - Complemented mass media activities optimally and effectively during OGA/ implementations
- List of 10 prominent funding agencies/clients/organizations that the agency has worked for in the identified project states
- A descriptive of how the agency will achieve coverage and reach in areas of Jharkhand, Chhattisgarh, Odisha, Assam, Delhi and Uttarakhand specially in the following cities: Jamshedpur, Dhanbad, Ranchi, Raipur, Durg-Bhilainagar, Dehradun, Haridwar, Bhubaneswar, Guwahati and New Delhi.
- Samples of prior work must be mentioned and provided (either physically or as website links). These do not count toward the proposal’s maximum page or slide limit.
- Any other relevant information
1.2 Personnel on the account (Required for Part A and Part B)
- Overall team composition to handle the components as mentioned in the RFP and to meet the necessary requirements
- Agency to submit short bio-sketches of key personnel (full-time and consultants). These do not count toward the proposal’s maximum page or slide limit.
- Any other relevant information

1.3 Timelines (Required for Part A and Part B)
- Indicative timeline chart of each of the components of the project

Section 2: Part A specific requirements:

2.1 OGA strategy (Required for Part A)
- Detailed plan for idea generating and implementing OGA strategy and associated activities to be carried out.
- Bidders to describe their approach, and previous success in using various approaches to brainstorm for generating ideas and road map to reach out to desired target populations.

2.2 OGA Ideas (Required for Part A)
- Propose five indicative ideas to reach the project’s target groups described in the overview of Abt Associates, SHOPS Plus.
- Propose ‘activation ideas’, including specific details of activation concepts that can be immediately implemented to complement selected products to aid in the project’s category revival efforts by:
  - increasing utilization of the family planning helpline and chatbot
  - increasing the target audience’s knowledge and utilization of the project’s online content on family planning
  - creating buzz and excitement among consumers resulting in increased sales at retail outlets

2.3 Knowledge management plan (Required for Part A)
- Agency to submit a knowledge management document describing in details, the route taken and the way forward from; ideation to successful field level implementation. It should be able to capture HR requirements and if any, constraints or conducive environment for its success.

Section 3: Part B specific requirements:

3.1 Implementation approach for quick execution (Required for Part B).
- Implementation strategies for adoption of new idea in selected geographies for quick execution and scale up.
- Previous experiences of similar implementation in short time frames.

3.2 Scale up & Stakeholder Mobilization plan (Required for Part B)
- Under section-B, describe scale up plan and stakeholder mobilization plan including government counterparts, local presence or approaches to reach out to, in all 10 cities with profiling of execution partners in 10 cities.

Notes:
- In the final contract, the detailed scope of work and deliverables will be fleshed out
PART III: TECHNICAL PROPOSAL:

**Technical Proposal.** The Technical Proposal typed with each page numbered consecutively can be in word document, pdf or power-point presentation format. The maximum number of pages or slides for each component of the technical proposal is given below. The Technical Proposal shall include:

(i) **Cover Page (Maximum: 1 page or 1-2 slides)**
   1) State that the proposal is made to Abt Associates Inc.
   2) The full legal name, address, telephone number, website and email of contact person of the organization submitting the proposal.
   3) Date of submission
   4) Include RFP number
   5) Signed and dated by authorized bidder’s employee
   6) Bid validity period of at least 90 days

(ii) **Technical Proposal (Maximum: 30 pages or 50 slides)**
A complete and comprehensive narrative or outline presentation describing how the scope of work will be implemented and how the agency will achieve the desired outcomes. The technical approach should be organized along the technical selection criteria and should include timelines showing the dates when activity milestones will be met and deliverables will be submitted for approval.

**Timeline:** Describe the timing of the project activities starting April to September 2019 as per the cycle of intervention.
PART IV: COST PROPOSAL:

**Cost Proposal:** The Cost Proposal shall be typed with each page numbered consecutively. The Cost Proposal shall include:

(i) **Transmittal Letter**

A statement indicating that the proposal remains available for acceptance by Abt Associates for a minimum of ninety (90) calendar days after the closing date of this RFP. The transmittal letter must include a summary of the offer and its price and be signed by an individual authorized to commit the bidder. A transmittal letter should be submitted.

(ii) **Budget:** The Bidder shall provide a complete budget, in Indian Rupees, by the cost elements for each part separately, described in the budget Application template provided in Annex B “Budget Template”. The Excel template must be unlocked, with no hidden cells. Formulae should be used for calculating costs rather than calculating costs elsewhere and typing values into cells.

(iii) **Budget Narrative:** The budget narrative shall provide a budget narrative or budget notes further explaining the method of calculating costs listed in the budget. The cost narrative should include any methodology or algorithm used for calculating the proposed cost. Include a description on which resources the firm already possesses.

(iv) **The Cost proposal must be realistic for the work to be performed, reflect a clear understanding of the technical requirements, and must be consistent with the methods of performance and materials described in the technical proposal. Please note that the Bidder may be asked to verify/substantiate the proposed costs.**

(v) **Audited Statement of Accounts over the last 3 financial years**

Proposals may not be altered, corrected, or withdrawn after the Last Bid Receipt Date, except that Abt Associates, at its sole discretion, may permit correction of arithmetic errors, transposition errors, or other clerical or minor mistakes, in cases in which Abt Associates deems that both the mistake and the intended bid can be established conclusively on the face of the bid. Other than the mistakes listed in the previous sentence, no mistakes alleged by a bidder after the Last Bid Receipt Date will be permitted to be corrected.

As part of the Cost Proposal, the Bidders shall include a budget narrative justifying the detailed budget. Include a description on which resources the firm already possesses.

**Detailed budget breakdown:**

The Bidder shall, as part of the Cost Proposal, break down proposed costs in sufficient detail in the attached budget template to permit cost analysis. Budget shall be denominated in INR. All payments provided to local firms will be made in local currency as per USAID regulations.

Cost estimates must be submitted in Excel format using the attached budget template. The file must be unprotected and there should be no hidden columns/rows/cells. Each cost element must include a basis for estimate or rationale. The Bidder is required to use the budget template attached to submit their budget breakdown of this activity. The Bidder may amend the budget template, but must provide explanations for the amendments.
Staff Salaries:

Data Required: The Bidder shall provide the individual’s name, position title (e.g. team lead, trainers), the unit (days), the number of units (i.e. the level of effort), the unit salary or consultant fee and the total salary or consultant fee. Unit salaries shall be stated in days. Profit/fee, benefits, and indirect costs should not be included in the unit salary unless bidding commercial rates. To bid commercial rates, the bidder must confirm that the rates being bid are the lowest commercial rates charged for these services. Under U.S. government contracts, the most cost advantageous rates must be used.

Documentation Required: The Bidder shall submit CVs of key personnel initially and post shortlisting submit Contractor Employee Biographical Data Sheets for each key staff person and consultant proposed (this form can be found in Part 3). The individual and the Bidder in the appropriate spaces must sign the form, with all blocks completed. The proposed position titles must be consistent with the Technical Proposal.

Other Direct Costs (ODCs)

As part of the detailed budget breakdown, the Bidder shall submit details of all other direct costs (ODCs) required to undertake the contract. ODCs include costs such as communication, hardware, software, report preparation/reproduction and publications, MIS and other costs associated. Include a basis of estimate for each item.

Prototype execution, scale up of shortlisted 8 prototypes & SOP Development

The bidder should ensure to give state wise budget break up of execution of OGAs (prototype and scale up to achieve the set target) and cost of preparation of Standard Operation Procedure development for each selected OGA.

Operation costs

Recurring operation costs for implementation of the OGAs.

Administrative management costs

Include any administrative costs associated to implementation of the assignment.

Any budget submitted in a different template will not be accepted and the application will not be considered.
PART V: EVALUATION OF PROPOSAL:

(a) Proposals received after the date and time required will not be considered. Abt Associates may reject any bid that (1) is not signed and dated by authorized employee (2) is not substantially responsive to the terms and conditions of the RFP, (3) is incomplete, including and without limitation, does not have requested supporting documents, and (4) is otherwise not generally in order. Such proposals shall be deemed inadmissible.

(b) Abt Associates will evaluate technical proposals and cost proposals using the following evaluation criteria weighting:

a) Technical: 80 (80% from the technical evaluation score)

b) Cost: 20 (20% from the cost evaluation score)

Each proposal will be evaluated against a pre-defined set of criteria as follows:

(1) “Technical Proposal”:

Each technical proposal shall be evaluated on (i) Agency Profile (ii) Personnel on the account (iii) OGA strategy (iv) Five OGA Ideas (v) Knowledge Management plans (vi) Implementation approach for quick execution (vii) Scale up & Stakeholder Mobilization plan. Please see the table below for scores.

After evaluating the technical approach of bidders in Stage One, Abt will determine the bidders who will advance to the second stage based on top scores.

(2) “Cost Proposal”:

The budget of bidders that advance to Stage Two will be evaluated in terms of feasibility, cost realism and cost effectiveness for undertaking activities outlined in the application. Please see the table below for scores.

Based on total scores at the end of Stage Two, Abt will shortlist two to five bidders for an in-person presentation. The presentation shall discuss and/clarify the technical and cost proposals of shortlisted bidders. Abt expects that at a minimum the named bidder’s Project Leader shall be in attendance. In combination of the presentation (if completed) and the scores from the two stages, Abt will decide and notify the final partner selected.

Technical Proposal Evaluation. The technical proposal is evaluated on the basis of its responsiveness to the Statement of Work (SOW) as per the table below. The budget has separate score as mentioned below.

Technical Proposal Evaluation. The technical proposal is evaluated on the basis of its responsiveness to the Statement of Work (SOW) as follows:

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agency Organization Profile (Section 1: general requirements)</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Personnel on the account (Section 1: general requirements)</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Criteria for Cost evaluation</td>
<td>Score</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>1</td>
<td>Proposed budget and budget narrative are consistent with the proposed activities</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>Proposed costs, staffing and technical resources needed are reasonable and demonstrate efficient use of funds</td>
<td>50</td>
</tr>
</tbody>
</table>

**Total score for Cost Proposal**: 100
PART VI: REPRESENTATIONS AND CERTIFICATIONS FORMS
1. Organizational Information and Certifications. Bidders must complete and submit the representations and certifications form on the following page.
2. Contractor Employee Biographical Data Sheet (The Bidder shall submit CVs of key personnel initially and post shortlisting submit Contractor Employee Biographical Data Sheets):
3. Checklist for submission of proposal
ABT ASSOCIATES INC.
INTERNATIONAL REPRESENTATIONS AND CERTIFICATIONS

This document is to be used if Bidder’s performance is outside the United States, all deliverables are to be received outside the United States, and Bidder is not recruiting employees in the United States to work on this Project.

The Bidder represents and certifies as part of its offer that: (Check or complete all applicable boxes or blocks.)

1. **TYPE OF ORGANIZATION.** It operates as ☐ an individual, ☐ a partnership, ☐ a nonprofit organization, ☐ a Corporation, ☐ other business entity with home offices in the country of ________________.

2. **ANTI-KICKBACK.** By submission of this offer, the Bidder certifies that it has not provided, attempted to provide, solicited, accepted, or attempted to accept any kickback; and has not included, directly or indirectly, the amount of any kickback in the offer. "Kickback" means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind that is provided, directly or indirectly, to any Government prime contractor (e.g., the Company), prime contractor employee, subcontractor at any tier, or employee of a subcontractor at any tier, for the purpose of improperly obtaining or rewarding favorable treatment in connection with a Government prime contractor in connection with a subcontract at any tier relating to a Government prime contract.

3. **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS.**

   (a) (1) The Bidder certifies, to the best of its knowledge and belief, that:
   
   (i) The Bidder and/or any of its Principals:
   
   (A) Are ☐ are not ☐ at present debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; (B) Have ☐ have not ☐ within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and (C) Are ☐ are not ☐ presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (a)(1)(i)(B) of this provision.
   
   (ii) The Bidder has ☐ has not ☐ within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

   (2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions). THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND THE MAKING OF A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO PROSECUTION UNDER SECTION 1001, TITLE 18, UNITED STATES CODE.
(b) The Bidder shall provide immediate written notice to the Company if, at any time prior to subcontract award, the Bidder learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. PAYMENTS TO INFLUENCE CERTAIN FEDERAL TRANSACTIONS. *(Applicable if offer exceeds $100,000.)*

(a) The definitions and prohibitions contained in the Limitation on Payments to Influence Certain Federal Transactions clause, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification. (b) The Bidder, by signing its offer, hereby certifies to the best of his or her knowledge and belief as of as of November 2018, that (1) no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement; (2) if any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the Bidder shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Company; and (3) he or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of $100,000 shall certify and disclose accordingly. (c) Submission of this certification and disclosure is a prerequisite for making or entering into this subcontract imposed by Section 1352, Title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than $10,000, and not more than $100,000, for each such failure.

5. TRAFFICKING IN PERSONS

The U.S. Government and Abt Associates have a zero tolerance policy regarding trafficking in persons. To that end, USAID ADS303 mab clause M.15, Trafficking in Persons (July 2015) is incorporated herein as a mandatory reference. By signature on this form, Bidder acknowledges that they are responsible for reading, understanding and complying with this Clause.

**SIGNED:**

ORGANIZATION NAME: ___________________________

SIGNATURE: _____________________________________

PRINTED NAME: __________________________________

TITLE: _________________________________________

DATE: _________________________________________
CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET
The Privacy Act Statement is found at the end of this form.

1. Name (Last, First, Middle)  
2. Contractor’s Name

3. Employee’s Address (include ZIP code)  
4. Contract Number  
   N/A

5. Position Under Contract  
6. Proposed Salary  
   N/A

7. Duration of Assignment  
8. Telephone Number (include area code)  
9. Place of Birth  
   N/A

10. Citizenship (If non-U.S. citizen, give visa status)  
N/A

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment  
N/A

12. EDUCATION (include all college or university degrees)  
13. LANGUAGE PROFICIENCY (see Instruction on Page 2)

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF INSTITUTION</th>
<th>MAJOR</th>
<th>DEGREE</th>
<th>DATE</th>
<th>LANGUAGE</th>
<th>Proficiency Speaking</th>
<th>Proficiency Reading</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>2/S</td>
<td>2/R</td>
</tr>
</tbody>
</table>

14. EMPLOYMENT HISTORY
1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.

2. Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>EMPLOYER’S NAME AND ADDRESS</th>
<th>POINT OF CONTACT &amp; TELEPHONE #</th>
<th>Dates of Employment (M/D/Y)</th>
<th>Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
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<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

<table>
<thead>
<tr>
<th>SERVICES PERFORMED</th>
<th>EMPLOYER’S NAME AND ADDRESS</th>
<th>Dates of Employment (M/D/Y)</th>
<th>Days at Rate</th>
<th>Daily Rate In INR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
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<td>From</td>
<td>To</td>
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</tbody>
</table>

16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee  
Date

17. CONTRACTOR’S CERTIFICATION (To be signed by responsible representative of Contractor)
Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by

Signature of Contractor’s Representative  
Date

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CHECKLIST FOR SUBMISSION OF PROPOSAL AGAINST THIS RFP

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>If No, specify the reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Proposal (Technical and Cost both) submitted in English language and signed and dated by an authorized employee of the bidder (in pdf file).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Technical proposal including cover page stating that the proposal is made to Abt Associates Inc., The full legal name, address, telephone number, website and email of contact person of the organization, date of submission, include RFP number, signed and dated by an authorized bidder’s employee of the organization and bid validity period of at least 90 days.</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Two Separate documents: Technical and Cost proposal in pdf format. All the documents submitted in pdf format unless otherwise specifically mentioned.</td>
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<tr>
<td>4</td>
<td>Technical proposal (maximum 30 pages or 50 slides)</td>
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<tr>
<td>5</td>
<td>Cost Proposal Transmittal Letter duly signed by an individual authorized signatory and having Validity for at least 90 days from the last date of submission of proposal against this RFP (in pdf file).</td>
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<tr>
<td>6</td>
<td>Budget file and Cost Proposal submitted in provided excel format provided in RFP Annex B.</td>
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<tr>
<td>7</td>
<td>Budget Narrative further explaining the method of calculating costs listed in the budget (in pdf file).</td>
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<tr>
<td>8</td>
<td>Representation and Certifications Forms submitted (in pdf file)</td>
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<tr>
<td>9</td>
<td>CVs of key personnel (Agency to submit short bio-sketches of key personnel ‘Full Time and consultants’ initially and post shortlisting submit Contractor Employee Biographical Data Sheets for each key staff person and consultant proposed (this form can be found in Part 3).</td>
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<td>10</td>
<td>DUNS Number, if available</td>
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</tbody>
</table>

NOTE:

The agency needs to submit this checklist duly filled in along with their proposal.