



Optimising adherence to Iron and Folic Acid supplements among women of reproductive age and adolescents in Uttar Pradesh

REQUEST FOR PROPOSALS

For the latest information on the project and documents to download, please visit: <https://bit.ly/AdherencetoIFA>

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SECTION 01:

DOCUMENT PURPOSE

Document purpose

The purpose of this Request for Proposal (RfP) is to solicit proposals for the Uttar Pradesh Behavioural Insights Unit (UP BIU) to identify a consortium of service providers (referred to as “Provider” hereafter) who collectively can bring expertise in design, implementation and evaluation. The role will include:

1. Design, pilot and evaluate the impact of behavioural science interventions that aims to increase consumption and adherence of iron and folic acid (IFA) supplements for women of reproductive age (WRA), including pregnant and lactating women, and adolescents; and
2. Generate implementation knowledge on how to successfully and feasibly deliver those strategies at scale in the government system (this may include using digital platforms which are being piloted in UP).

The Provider will be selected through a rigorous RfP process and will have one or more implementation providers and one Measurement, Learning, and Evaluation (MLE) provider.

This work is planned for a period of three years (2022-2024) and we aim to support the development and testing of interventions with a strong design process to develop scalable behaviourally informed intervention design. The Provider should test a suite of integrated interventions for scale up. The exact period of implementation for the interventions will be collectively decided by the Provider and UP BIU on the basis of the nature of the interventions.

The Provider needs to plan and budget for around four-six interventions and the exact number of interventions and budget distribution would depend on implementation and research methodology proposed. The total funds budgeted for this scope of work (SoW) will not exceed USD 1.4 million.

Any organisation that is interested in this RfP and needs ideas on which other organisations to form a consortium with, they should contact the UP BIU for support.

SECTION 02:
**ABOUT THE UTTAR
PRADESH BEHAVIOURAL
INSIGHTS UNIT**

About the Uttar Pradesh Behavioural Insights Unit

The UP BIU is a project of the Centre for Social and Behaviour Change (CSBC), at Ashoka University under the International Foundation for Research and Education. The UP BIU works closely with the Government of UP's Health Department and the UP Technical Support Unit (UP TSU) to bring about positive behavioural change to address important problems and impact at scale in the state.



SECTION 03:
PROJECT SCOPE

Project scope

BACKGROUND

Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Dietary iron deficiency is estimated to be responsible for about half of all anaemia globally, but anaemia can also be caused by malaria, hookworms and other helminths, other nutritional deficiencies, chronic infections, and genetic conditions. Anaemia can result in maternal mortality, weakness, diminished physical and mental capacity, increased morbidity from infectious diseases, perinatal mortality, premature delivery, low birth weight, and (in children) impaired cognitive performance, motor development, and scholastic achievement.¹

Anaemia is a major health problem in UP, especially among women and children. Fifty percent of women in the state have anaemia, of which 24 percent have mild or moderate anaemia, and two percent have severe anaemia (NFHS-5, 2019-20). Incidences of anaemia are higher among women aged 15-19 years and over forty percent of women in all age groups suffer from anaemia.² Further details are provided in Annexure-A.

The Government of India (GoI) and the Government of Uttar Pradesh have prioritized the reduction of anaemia through several programmes and initiatives, including the free distribution of IFA tablets. Some of the important government initiatives include Anaemia Mukh Bharat, Pradhan Mantri Surakshit Matritva Abhiyan, Village Health Nutrition Days (VHNDs), and National Iron Plus Initiative for Anemia Control, and Weekly Iron Folic Acid Supplementation. A plethora of efforts by leading civil society organizations is also underway to enhance IFA supplementation through the integration of the frontline workers and through VHNDs.

SCOPE OF WORK

The SoW of this RfP includes undertaking projects to design and evaluate behaviourally informed interventions with a strong design process. The project will work towards determining a successful set of implementation strategies to promote supplement adherence which could be used for large-scale implementation through the government system, or non-government systems if cost-effective. The activities under this project will include the following (but are not limited to):

¹ International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), India, 2019-21: Uttar Pradesh. Mumbai: IIPS.

² http://rchiips.org/nfhs/NFHS-5_FCTS/Uttar_Pradesh.pdf

1. Human-centered design (HCD) research with women, adolescents and their families to co-create strategies that could be feasibly integrated into existing public delivery platforms and any delivery platforms for large scale coverage (for example digital platforms);
2. Documentation including technical briefs, policy briefs, and research publications.
3. Participation in the Learning Collaborative (described in Section IV)

The guiding principles of the project will include:

1. Strategies resulting in higher adherence among target populations;
2. Strategies preferably reducing gender barriers which affect access and adherence to IFA supplements;
3. Building approaches on existing evidence, and including a focus on social norms.

A mapping of the UP government system for delivery of IFA supplements will be made available by the UP BIU to the Provider in a White Paper. The proposed efforts must have a solid foundation in behavioural science. There is a need to build a deeper understanding of gender dynamics, people's understanding of anaemia, extant social norms, social support for women, etc.

The selected Provider will be contracted to undertake the design, implementation and evaluation of the selected behavioural interventions. Provider will be oriented with the White Paper findings including the behavioural barriers that have been studied, and the evaluation methodology details of completed qualitative research. All interventions will be tested by the MLE provider using rigorous methods (including Randomised Control Trials) to measure impact and cost-effectiveness. In addition, an assessment of scalability through the government system or non-government systems should be produced.

SECTION 04:
**SUPPORT FROM A
GLOBAL LEARNING
COLLABORATIVE**

Support from a global Learning Collaborative

John Hopkins University will host a Learning Collaborative to facilitate learning across similar projects for nutrition supplement adherence in Ethiopia, Nigeria and India, as well as collaborate on the production of knowledge products. UP BIU is a member of the Learning Collaborative. The Provider would be expected to participate in the monthly calls to showcase progress, share findings, and incorporate learnings from other projects. In addition, the Provider needs to budget for the travel of 3-4 key persons to one host country (likely Ethiopia, India, and Nigeria) each year to participate in a mini-conference where key learnings will be shared, workshops will be conducted, and findings will be presented.

SECTION 05:
**RESPONSE
INSTRUCTIONS**

Response instructions

Please adhere to the following instructions when responding to this RfP:

1. All proposal content sections must be responded to in the order given in the following section, for each applicant to be considered for this RfP
2. All communication relating to the RfP, including questions and clarifications, should be submitted via email to shashvat.singh@ashoka.edu.in
3. The Provider or their representatives may not contact anyone else within UP BIU/CSBC or its external units. Any violation of this requirement may result in disqualification from the selection process
4. Questions submitted by any Provider and associated responses will be collated and then distributed to all such Providers who express interest to submit a proposal.

SECTION 06:
RESPONSE CONTENT

Response content

The partner's response should address the following (the given page limits should not be exceeded):

S. NO	SECTION	DESCRIPTION	PAGE LIMIT
1	PROJECT DESCRIPTION	Include an overview of the project scope including the interventions the team will design and then empirically test in UP.	3
2	APPROACH	Describe how the Provider would approach the main objective outlined in the SoW with a strong emphasis on behavioural science. This should include an articulation of key objectives, activities/research to be carried out to achieve each objective, and proposed design and implementation research approaches (like how many cohorts of how many beneficiaries in how many blocks/districts are being thought of etc.), deployment of HCD in the research process, stakeholder mapping and interactions, etc.	4
3	RESEARCH SKILLS	Providers need to separately demonstrate skills in qualitative and quantitative research.	4
4	ORGANISATION BACKGROUND AND STAFF PLANNING	<p>Describe organization capacity and experience with the conduct of nutrition and health policy influencing research related to the proposed work. Describe experience working with government and other implementing agencies to conduct nutrition and implementation research. Describe experience with using the HCD approach to design interventions. Describe your experience designing gender-transformative interventions. Describe roles of personnel on the project, their experience, and proposed time allocation of individuals to the project.</p> <p>CVs of the key individuals who would lead intervention design, field implementation, and</p>	4

		research must be shared in the annexure, and do not count in the page-limit.	
5	ORGANISATION CONTRIBUTIONS	Describe capabilities beyond the specific staff mentioned above that the Provider will bring that are relevant for this project.	4
6	WORK PLAN	Include a work plan that provides details on the estimated timeline for different activities and allocation of staff time.	3
7	POTENTIAL CHALLENGES	Describe the potential challenges with executing against this scope of work and detail the type of support you expect to need from the UP BIU staff.	2
8	BUDGET	<p>Provide a proposed total budget, including a breakdown of the staff time, data collection costs, travel, and other fees and expenses including overhead. If different study design options are being proposed for consideration, different budget scenarios can be submitted that correspond to these study designs.</p> <p>Applicants must keep in mind that this will be a service agreement.</p>	As per the format given in Annexure B
9	ANNEXURES	Please include additional relevant information in clearly organised annexures.	No limit

SECTION 07:
**RfP DELIVERY
INSTRUCTIONS**

RfP delivery instructions

Please deliver an electronic copy of your RfP response in both an MS Word file and PDF by e-mail no later than September 12, 2022, to shashvat.singh@ashoka.edu.in.

Please provide the following contact details in your application:

- Name of primary contact
- Title
- Telephone/Mobile number
- Email address
- Mailing address

SECTION 08: **TIMETABLE**

Timetable

The evaluation and selection process will adhere as closely as possible to the following schedule. However, UP BIU may modify this schedule at its sole discretion:

#	EVENT	TIMEFRAME
1	RfP launch	July 21, 2022
2	Whitepaper launch	August 10, 2022
3	Questions for UP BIU submitted by applicants	August 12, 2022
4	UP BIU to share responses with all participating organisations. An online meeting may be organised for all those Providers who express interest in the RfP.	August 22, 2022
5	Providers submit RfP responses	September 12, 2022
6	Notification of selected Provider	September 30, 2022
7	Project to begin on the ground with the deployment of team	October 31, 2022



SECTION 09:
PROPOSAL SELECTION

Proposal selection

Proposals will be evaluated against criteria that include:

#	CRITERIA	DESCRIPTION
1	TECHNICAL APPROACH TO INTERVENTION DESIGN AND EVALUATION RESEARCH	The proposed approach and work plan must meet necessary requirements for achieving the project objective of improving IFA supplementation adherence in addition to understanding different activities associated with the strategic process.
2	COMPLETENESS	The application and activities must address all objectives of this RfP.
3	ORGANISATIONAL BACKGROUND AND CAPACITIES	The personnel and organizational capabilities must fit with the SoW including experience and track record of relevant research publications; deep understanding of behaviour science and public health in India; and credible and relevant working relationship with the GoI/State Governments. Consortia of organizations are preferred to combine the different skill sets that are required.
4	COSTS	The costs must be appropriate for the proposed work.
5	OTHERS	There may be additional evaluation criteria that are relevant for the specific services in question. For instance, UP BIU may request an in-person/online meeting for the Provider to present their proposal and take up any questions.

The relative weighting and priority of these criteria will be at UP BIU's discretion.



SECTION 10: **INTENT**

Intent

This RfP is made with the intent to identify a Provider to deliver results as described above and in other areas of this RfP. UP BIU will rely on the partner's representations to be truthful and as described. UP BIU assumes it can be confident in the Provider's ability to deliver the services described in response to this RfP. The responses will be incorporated into a future contract should UP BIU wish to avail of the service(s).

SECTION 11: **DISCLAIMER**

Disclaimer

This RfP is not an offer to contract. UP BIU assumes no responsibility for any organisations cost to respond to this RfP. If UP BIU amends the RfP, copies of any such amendments will be provided at the webpage and sent to all organistions that have expressed interest in the RfP.



SECTION 12:
RELEASE

Release

Organization that apply for the RfP understand that UP BIU has chosen to solicit an RfP from a variety of organizations and that their response does not guarantee that UP BIU will enter into a new contract with them or continue any current contract(s) with them.

The Provider agrees that UP BIU may, in its sole discretion:

1. Amend or cancel the RfP, in whole or in part, at any time;
2. Extend the deadline for submitting responses;
3. Determine whether a response does or does not substantially comply with the requirements of the RfP;
4. Waive any minor irregularity, informality, or nonconformance with the provisions or procedures of the RfP;
5. Negotiate with any and all Providers that UP BIU deems acceptable;
6. Issue multiple service agreements;
7. Share responses generated by this RfP with individuals/organizations UP BIU may retain to help it evaluate them;
8. Copy the responses.

In exchange for the opportunity to enter into a service agreement, the Provider agrees not to bring a legal challenge of any kind against UP BIU relating to the latter's selection of the Provider, even if they are not selected as one.

In submitting a proposal, the Provider represents that they have responded to this RfP with complete honesty and accuracy. If facts provided in their response change, they agree to supplement their response in writing with any deletions, additions, or changes within ten days of the changes. They will do this, as necessary, throughout the selection process. They understand that any material misrepresentation, including omissions, may disqualify them from consideration for a service agreement.

In submitting a proposal, the Provider understands that they may receive proprietary and confidential information from UP BIU during the RfP process (collectively referred to as "Confidential Information"). They agree to not use Confidential Information for any purpose other than its participation in the RfP process and to not reveal Confidential Information directly or indirectly to any other person, entity, or organization without the prior written consent of UP BIU. The Provider further agrees to exercise all reasonable precautions to maintain the proprietary and confidential nature of Confidential Information.



ANNEXURE A

Annexure A

Key indicators pertaining to anaemia with figures from NFHS-4 and NFHS-5 are given below³:

#	INDICATOR (PER CENT OF POPULATION WHO ARE ANAEMIC IN THE COHORT)	UP (NFHS-4)	UP (NFHS-5)	INDIA (NFHS-5)
1	Children (6-59 months)	63.2	66.4	67.1
2	Non-pregnant women (15-49 years)	52.5	50.6	57.2
3	Pregnant women (15-49 years)	51	45.9	52.2
4	All women (15-49 years)	52.4	50.4	57
5	All women (15-19 years)	53.7	52.9	59.1
6	Men (15-49 years)	23.7	21.5	25
7	Men (15-19 years)	31.5	28.2	31.1

Since NFHS-4 (2015-16), there has been an increase in the percentage of mothers who had an antenatal check (ANC) in the first trimester (from 46 percent to 63 percent) and in the proportion of women who had four or more antenatal care visits (from 26 percent to 42 per cent). For 84 percent of their last births, mothers received IFA supplements, but only 22 percent consumed them for the recommended 100 days or more and only 10 percent consumed them for the newly recommended 180 days or more.⁴ These figures indicate that the supplemental nutrition supply-chain and delivery mechanisms (primarily ANCs) may have improved year on year with increases in the percentage of women receiving 3+ ANCs as well as the number of tablets received.

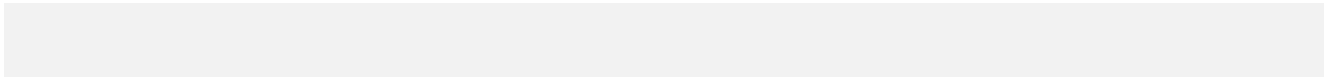
³ http://rchiips.org/nfhs/NFHS-5_FCTS/Uttar_Pradesh.pdf

⁴ Ibid



ANNEXURE B

Total



GRAND TOTAL

BREAKDOWN OF THE STAFF TIME

***Note:** If the Provider is looking at outsourcing any activity to another vendor (such as data collection), then they need to specify that in the budget narrative and in the template.*



Contact us

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