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BANGLADESH

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1630 hours, Bangladeshi time
Closing Date: March 11, 2012, 1630 hours
Bangladesh time

SUBJECT: Request for Applications (RFA) for Marketing Innovation for Health

Dear Prospective Applicant:

The United States Agency for International Development in Dhaka, Bangladesh (USAID/Bangladesh) is seeking applications for a Cooperative Agreement from qualified **Bangladeshi Non-Government Organizations** for the program entitled "Marketing Innovation for Health."

USAID plans to award one cooperative agreement with a total estimated amount of approximately \$15 million, subject to the availability of funds, but reserves the right to make multiple awards if it deems that preferable to qualified **Bangladeshi Non-Government Organizations**. The award is intended to cover a period of four years. USAID reserves the right to fund any or none of the applications submitted.

If your organization decides to submit an application, it must be received by the closing date and time indicated at the top of this cover letter. The Applicant must ensure that application sent electronically is received at USAID in its entirety. No addition or modifications will be accepted after the submission date.

For the purpose of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A- Instructions to Applicants
2. Section B-Selection Criteria
3. Section C-Program Description
4. Section D-Certifications and Assurances.

Any questions regarding this RFA must be submitted in writing via e-mail to Kaiser Parvez Ali kali@usaid.gov and M. Abeerur Rahman arahman@usaid.gov. Questions must be submitted no later than by February 12, 2012 1630 hours, Bangladeshi time. Applications must be received by **March 11, 2012** and time indicated at the top of this cover letter at the place designated below for receipt of applications in order to be considered.

U.S. Agency for International Development
U.S. Embassy
Madani Avenue, Baridhara
Dhaka-1212, Bangladesh

Tel: (880-2) 885-5500
Fax: (880-2) 882-3648
www.usaid.gov/bd

Applications shall be submitted to;

Kaiser Parvez Ali
Acquisition & Assistance Specialist
Office of the Acquisition and Assistance
Madani Avenue, Baridhara
C/o American Embassy
USAID
Telephone: 8855500 Ext 2722

Hard copies of submissions must arrive by the due date.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant cooperative agreement (s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a Cooperative Agreement, all preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID's programs and activities.

Sincerely,



Leslie Ann Burnette- Badinga
Supervisory Agreement Officer
USAID/Bangladesh

SECTION A - INSTRUCTIONS TO APPLICANTS

I. PREPARATION GUIDELINES

a. 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.

b. Each applicant shall furnish the information required by this RFA. The applicant shall sign the application form (SF 424) and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

c. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

1. Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets____". and,

2. Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

d. Applicants should retain for their records one copy of the application and all enclosures which accompany it. Erasures or other changes must be initialed by the person signing the application.

2. **Points of Contact:**

Kaiser Parvez Ali, A&A Specialist
USAID/Bangladesh
e-mail: kali@usaid.gov
Phone: 8855500, Ext: 2722

M. Abeedur Rahman, A&A Specialist
USAID/Bangladesh
e-mail: arahman@usaid.gov
Phone: 885-5500, Ext-2568

Leslie Ann Burnette- Badinga
Supervisory Agreement Officer
USAID/Bangladesh
e-mail: lburnette-badinga@usaid.gov
Phone: 8855500, Ext, 2583

II. TECHNICAL APPLICATION FORMAT

Technical applications should be specific, complete and presented concisely. Applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications shall take into account the technical evaluation criteria found in Section B.

The length of the Technical Application shall not **exceed 30 single-spaced typed pages**. Page limitations include the following requirements: single-spaced text printed on one side of the page only, one-inch (1") margins, 12-point (minimum) font. It shall include an executive summary, not to exceed 2 pages. The executive summary shall provide a clear overview of the results to be achieved, total program cost and total amount of USAID funding and non-Federal cost share proposed, if any, milestone or benchmark measures of progress towards achievement and brief summary of applicant's experience in initiating and administering activities like those described on the program description.

Past performance references, the performance monitoring and evaluation plan, and personnel resumes are excluded from the 30-page limitation and may be included as annexes to the technical application. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted. Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the prospective recipient's lack of cost consciousness.

1. Technical Approach

The technical application must set forth in sufficient detail the conceptual approach, methodology, and techniques for the accomplishment of the stated objectives. It should outline specific, focused activities; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the cooperative agreement is completed. Particular attention will be given to the factors outlined in the evaluation criteria, Section B.

Applicants will submit an implementation plan that outlines how the recipient proposes to achieve the results stated in this RFA. The implementation plan must state clear and specific descriptions of the activities, outcomes, and results anticipated. These in turn must be measured by quantifiable and qualitative indicators throughout the life of the activity, as defined in a performance monitoring and evaluation plan.

2. Management Plan

The applicants should propose a management plan and describe how the proposed plan will contribute towards achieving the objectives and results described in the program description. The proposed plan should specifically state and justify the composition and organizational structure of the entire project team. It should also describe how the technical expertise and experience of all staff members will achieve the expected results in the program description. The plan should specify the roles and estimated amount of time each staff member will devote to the project and/or specific components within the project. Division of roles, responsibilities, authority, and process for decision making with Applicant's in-country team and between the home office and field needs to be spelled out clearly.

If the applicant plans to collaborate with other organizations, government agencies or indigenous organizations for the implementation of the award, the services to be provided by each agency or organization shall be described. Applicants who intend to utilize sub grantees and/or subcontractors shall indicate the extent intended, the method of identifying them and the tasks/functions they will be performing. Applicants shall state whether or not they have existing relationships with these other organizations and the nature of the relationship (e.g., sub grantee, subcontractor, partnership etc). The applicant must specify the technical resources and expertise of proposed subcontract/sub recipient organizations. ***Exclusive partnerships with local service delivery NGO(s) are not encouraged and applications that contain such arrangements will not be considered favorably.***

The management plan shall include the mobilization plan. This should provide a step-by-step outline of how the applicant will get the activity underway and include a clear timeline. The management plan should also describe how the Applicant would coordinate its activities with other programs of USAID and the host government.

3. Personnel

Applicants must propose which positions should be designated as Key Personnel and specify the qualifications and abilities of proposed key personnel that are suited to successfully implement the proposed technical approach. The applicant shall also include, in an annex, resumes for all key personnel candidates and any other personnel proposed for significant positions. Resumes may not exceed three pages in length and shall be in chronological order starting with most recent experience. Each resume shall be accompanied by a ***Signed letter of commitment*** from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which corresponds to the levels set forth in the cost application. As references may be checked for all proposed long-term personnel, a minimum of three references for each proposed long-term person is required. Applicants should provide current phone, fax and email address for each referenced contact.

4. Institutional Capacity

Applicants must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management and training and their experience in managing similar programs in the past. Information in this section should include (but is not limited to) the following:

- (1) Brief description of organizational history/expertise;
- (2) Relevant experience with proposed approaches;
- (3) Institutional strength as represented by breadth and depth of experienced personnel in project relevant disciplines/areas;
- (4) Sub-awardees or subcontractor capabilities and expertise; and
- (5) Financial controls.

5. Past Performance

Applicants should submit a list of the organizations (if any) for privately-funded contracts, grants, cooperative agreements, etc., and the name, address, email address and telephone number of the Project Officer, activity manager or other contact person. Include the following for each award:

- Name of awarding organization or agency;
- Address of awarding organization or agency;
- Place of performance of services or program;
- Award number;
- Amount of award;
- Term of award (begin and end dates of services/program);
- Name, current telephone number, current fax number, and email address (if one is available) of a responsible technical representative of that organization or agency;
- Brief description of the program.

Past performance and examples of accomplishments in developing and implementing similar programs should be described clearly.

6. Marking under Assistance Instruments

USAID's mandatory branding/marketing requirements became effective on January 2, 2006. The Applicant may review and download the regulations, guidance, and graphics at www.usaid.gov/branding. In an effort to more accurately credit the American people for the foreign assistance they finance, USAID has engaged in a branding campaign. Effective August 26, 2005, all USAID-sponsored assistance awards are required to adhere to branding policies and revised marking requirements for grants and cooperative agreements in accordance with AAPD 05-11. This includes visibly displaying the USAID Standard Graphic Identity that clearly communicates assistance is, "From the American people" on all programs, projects, activities, publications, public communications, and commodities provided or supported through USAID assistance awards. AAPD 05-11 requires that, after the evaluation of the applications, the USAID Agreement Officer will request the Apparently Successful Applicant to submit a Branding Strategy that describes how the program, project, or activity is named and positioned, how it is promoted and communicated to beneficiaries and cooperating country citizens, and identifies all donors and explains how they will be acknowledged. USAID will not competitively evaluate the proposed Branding Strategy.

http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf

Applicants selected for award will be required to provide a "Branding Strategy" and a "Marking Plan" for review and inclusion in the final award by the Agreement officer

III. COST APPLICATION FORMAT

The Cost or Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources. There is no page limitation on the Cost Application.

The following sections describe the documentation that applicants for an assistance award must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

1. A budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. In addition to the detailed budget, a summary of the budget must be submitted using Standard Form 424 and 424A which can be downloaded from the following web site:

http://www.grants.gov/agencies/aapproved_standard_forms.jsp#1

2. The cost/business application should contain the following budget categories:
 - a. Direct Labor - Direct salaries and wages for each year of the Agreement shall be in accordance with the organization's established personnel policies. However, the salaries for cooperating country nationals should be comparable to the salaries of the USG Local Employee Compensation Plan for Bangladesh. To be considered adequate, the policies must be in writing, applicable to all employees of the organization, is subject to review and approval at a high enough organizational level to assure its uniform enforcement, and result in costs which are reasonable and allowable in accordance with applicable cost principles. The narrative should include a level of effort analysis specifying personnel, rate of compensation, and amount of time proposed. Anticipated salary increases during the period of the Agreement should be included.
 - b. Fringe Benefits - If accounted for as a separate item of cost, fringe benefits should be based on the Applicant's audited fringe benefit rate, supported by a Negotiated indirect Cost Rate Agreement (NICRA) or historical cost data. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g. unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries.
 - c. Supplies and Equipment - Differentiate between expendable supplies and nonexpendable equipment (NOTE: Equipment is defined as tangible nonexpendable personal property including exempt property charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit, unless the Applicant's established policy establishes nonexpendable equipment anticipated to be required to implement the program, specifying quantities and unit cost.)
 - d. Allowances must be broken down by specific type and by person and must be in accordance with the Applicant's established policies.

- e. Travel and Per Diem - The narrative should indicate number of trips, domestic and international, and the estimated unit cost of each travel. Proposed per diem rates must be in accordance with the Applicant's established policies and practices that are uniformly applied to federally-financed and other activities of the Applicant.
 - f. Other Direct Costs - This could include any miscellaneous costs such as office rents, communications, transportations, supplies and utilities, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than the Applicant's normal coverage), etc. The narrative, or supporting schedule, should provide a complete breakdown and support for each item of other direct costs.
 - g. Proposed (Sub) contracts/agreements - Applicants who intend to utilize (sub) contractors or sub recipients should indicate the extent intended and a complete cost breakdown, as well as all the information required herein for the Applicant. Extensive (sub) contract/agreement financial plans should follow the same cost format as submitted by the Applicant.
 - h. Organizational Information: Applicants are also required to provide the following organizational information:
 - Type of Organization;
 - The name and title of individuals authorized to sign the Cooperative Agreement;
 - Taxpayer Identification Number (TIN);
 - Data Universal Numbering System (DUNS) Number;
 - Letter of Credit (LOC) Number, if applicable;
4. A current Negotiated Indirect Cost Rate Agreement (NICRA) if your organization has such an agreement with an agency or department of the U.S. Government.
5. Required assurances, certifications and representations as indicated in 424 B entitled Assurances-Non Construction Programs and the certifications identified in Section D.
6. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:
- a. copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
 - b. projected budget, cash flow and an organizational chart for the applicant; and
 - c. a copy of the organization's accounting manual.
7. Applicants should submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:
- a. has adequate financial resources or the ability to obtain such resources as required during the performance of the award;

b. has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental;

c. has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.

d. has a satisfactory record of integrity and business ethics; and

e. is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

8. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government is required to submit a copy of their accounting manual.

IV. APPLICATION SUBMISSION PROCEDURES

All applications received by the submission deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format.

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

1. Receipt of Applications:

Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA. Applications which are submitted late or are incomplete run the risk of not being considered in the review process. Late applications will be considered for award if, in the sole discretion of the Agreement Officer, it is determined that it is in the U.S. Government's interest and if the evaluation process has not yet commenced.

a. Applicants shall submit their applications either by e-mail attachments or in hard copies. If your organization decides to submit applications electronically, it must ensure that the applications are received at USAID in its entirety. No addition or modifications will be accepted after the submission date. Applications are to be submitted electronically via e-mail to: y. E-mail attachments should be formatted in Microsoft Word and/or Microsoft Excel format with **2 MB limit per e-mail**. Please convert your documents to one of these formats before sending them to USAID, or provide scanned copies of pages if they include signatures or forms. USAID cannot accept .zip files, as they will be blocked by USAID's firewall.

Applications may also be submitted in hard copies. The applicants shall submit an original and two (1) hard copies of the technical application and an original and one (1) hard copy of the cost application accompanied by a CD with the complete application in acceptable Microsoft Word or Excel format as described above.

Hard copies of applications and modifications thereof shall be submitted in sealed envelopes or packages (1) addressed to the office specified in the Cover Letter of this RFA, and (2) showing the date and time specified for receipt (i.e., the due date and time), the RFA number, and the name and address of the applicant.

b. Faxed applications will not be considered.

1. Applications submitted electronically must be either in either Microsoft Word (for narrative text) or Excel (for tables), unless you are providing scanned copies of pages that include signatures or forms.
2. After you have sent your applications electronically, please immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission.
3. Please do not send the same email more than once unless there has been a change, and if so, please note that it is a corrected email.
4. If you send your application by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "no. 1 of 4", etc.). For example, if your cost proposal is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Application, Part 1 of 2".

Our preference is that the technical proposal and the cost proposal be submitted as single email attachments, e.g. that you consolidate the various parts of a technical proposal into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling submitted electronic proposals if no instructions are provided or are unclear.

V. SPECIAL CONSIDERATIONS

The Applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this agreement.

VI. AWARD AND OTHER INFORMATION

1. Award: The Government may award one or more cooperative agreements resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value (see also Section B of this RFA on evaluation criteria). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.
2. Authority to Obligate the Government - The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

3 Payment Disbursement and Reporting Requirements

All disbursements of payment under Cooperative Agreement will be made upon the submission of evidence to the Agreement Officer's Representative (AOR) Additional guidance on payment disbursement and reporting requirements can be found at the following link:

<http://www.usaid.gov/policy/ads/300/303saj.pdf>

Recipients must submit a final report within ninety (90) days of the agreement expiration date summarizing how and why the goals and objectives were met, or, if the overall goals and benchmarks were not met, an explanation of why not. The final report should focus on results achieved and should be substantiated with quantitative data as appropriate.

4. Authority to Obligate the Government: The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Award may be incurred before receipt of either a fully executed Award or a specific, written authorization from the Agreement Officer.

Reference Information

Information about the Cooperative Agreement award mechanism can be found at:

<http://www.usaid.gov/policy/ads/300/303saj.pdf>

Information about how to obtain a DUNS number can be found at:

www.dnb.com/US/duns_update/index.html

Requirements pertaining to Branding and Marking can be found at:

http://www.usaid.gov/our_work/humanitarian_assistance/ffp/branding_annex_f.pdf

MANDATORY PROVISIONS

Mandatory Standard Provisions for non-U.S. Nongovernmental recipients can be accessed through USAID's website: <http://www.usaid.gov/policy/ads/300/303mab.pdf>

END OF SECTION A -

SECTION B - SELECTION CRITERIA

The criteria set forth herein will serve as the basis for evaluating the technical proposals. The various functional elements of the evaluation criteria are assigned with weighted scores, so that Offerors will know which areas require emphasis in the preparation of proposals. Offerors should note that these criteria serve as the standard against which all proposals will be evaluated, and to identify the significant matters which Offerors should address.

1. **Technical Approach:** Total 40 points

Sub-criterion 1: Increase access for the low income group to essential health, family planning and nutrition products through increased availability of health commodities in the local commercial market and private service delivery networks (Result -1) (20 points)

- The situation analysis reflects a competent understanding of the relevant challenges, needs and opportunities that exist for distribution of products and delivery of services for the poor in underserved areas of Bangladesh.
- The proposed implementation strategy and methodology demonstrate a clear, logical, technically sound, and feasible synthesis, which represent innovative application of best practices, lessons learned, and successful state-of-the-art approaches.
- The proposed implementation strategy constitutes a feasible and effective approach to prioritizing service and commodity delivery to the poor and the Offeror presents a clear plan to forge a closer working relationship with the GOB and other private sector stakeholders (including other USAID-supported projects and private entrepreneurs) in order to coordinate and rationalize public health service delivery through private sector.
- The proposed implementation strategy demonstrates effort to address untapped technical areas and unexplored market in order to increase the scope and magnitude of the project.
- The proposed implementation strategy demonstrates a larger reach of products and messages to the population, particularly to the lower segment of the population, and demonstrates higher results in distribution, market share, and behavior change on the desired components than the current social marketing and private sector initiatives.
- The proposed approach appropriately builds in equity and gender considerations to produce measurable and sustainable results in improved service delivery.

Sub-criterion 2: Increase demand for commodities on family planning and reproductive health, child health and newborn care, safe motherhood, and nutrition services and increase healthy behaviors through generic and brand-specific behavior change communications (Result-2) (20 points)

- The situation analysis reflects a competent understanding of the relevant challenges, needs and opportunities that exist locally for changing health behaviors among target client audiences and for supporting community mobilization strategies.
- The proposed implementation strategy and methodology demonstrate a clear, logical, technically sound and feasible synthesis and innovative application of best practices, lessons learned and successful state-of-the-art approaches that appropriately build in gender considerations.
- The proposed demand generation activity incorporates innovative applications to change behavior of the population, particularly of the lower quintile group, in favor of the high impact behaviors to accelerate achievement of the PHNE sector goals.
- BCC and community mobilization strategies clearly build on previous experiences and materials developed, prioritize the transfer of skills and knowledge to local counterparts and build a closer working relationship with local GOB and private sector representatives.

2. Key Personnel : Total 25 points

Sub-Criterion 1: Key Personnel (15 points)

The team of Key Personnel has the appropriate technical and management qualifications as specified in the minimum requirements. Each candidate proposed for a Key Personnel position has provided a written commitment to be available according to project requirements.

Sub-Criterion 2: Staffing Plan (10 points)

The proposed staffing plan supports effective implementation of the proposed technical approach and achievement of Cooperative Agreement objectives. The plan articulates clear roles, responsibilities and appropriate skill sets (including language) for personnel with defined lines of management, supervisory authority, and technical responsibility. The plan integrates good gender practices and provides for recruitment of well-qualified local staff. If applicable, the plan clearly and logically addresses how consultants will be used to complement full-time project staff.

3. Management Plan: Total 20 points

The proposed Management Plan will be evaluated according to the overall soundness of the management and administration structures and functions, whether undertaken directly by the Offeror or through sub-partners.

Sub-Criterion 1: Institutional Experience (10 points)

The proposed Management Plan demonstrates that the Offeror has institutional experience in successfully managing technical and administrative aspects of complex private sector marketing projects, achieving measurable and sustainable development results, and working effectively on development projects with key stakeholders, particularly in the private sector. The experience includes managing projects in a dynamic environment characterized by uncertainty and includes substantive exposure to work in Bangladesh.

Sub-Criterion 2: General Administrative and Management Functions (5 points)

The proposed Management Plan describes efficient, logical, and cost-effective structures and provides practical, responsive, and flexible processes to implement general administrative and management functions, including: human resources management, incorporating a pro-active approach regarding gender; administrative and management roles, responsibilities, relationships, and lines of authority among project offices and staff; financial management and reporting; procurement and logistics processes; grants and/or sub-contract management, if relevant; and cost management principles to maximize the percentage of USAID resources used for results rather than for administrative costs.

The Plan clearly states how multiple partnerships will be managed so as to produce a single face for the project to both USAID and GOB. The overall approach complies with USAID regulations and supports successful implementation of the contract.

Sub-Criterion 3: Project Management Documents (5 points)

The project management documents attached to the Offeror's proposal meet the following requirements:

The Implementation Plan is well-organized, technically sound, and realistic, providing for rapid mobilization of project activities following the award and the achievement of the deliverables within the timeframe specified in the schedule. The sequence of activities and interventions is logical and responsive to the technical requirements of the RFA.

The illustrative Monitoring and Evaluation Plan is technically sound and realistic, reflecting measurable improvements in health sector management and health service delivery which can be achieved through the agreement. Performance indicators are clearly defined disaggregated by gender when appropriate, with well-defined targets and benchmarks which make the project broadly consistent with and complementary to GOB goals for the same period.

4. Past Performance: Total 15 points

Performance information will be used for both the responsibility determination and best value decision. USAID may use performance information obtained from sources other than those identified by the Offeror. USAID will utilize existing databases of contractor performance

information and solicit additional information from other sources if and when the Agreement Officer finds the existing databases to be insufficient for evaluating an Offeror's performance.

If the performance contains negative information on which the Offeror has not previously been given an opportunity to comment, USAID will provide the Offeror an opportunity to comment on it prior to its consideration in the evaluation, and any Offeror comment will be considered with the negative performance information.

USAID will initially determine the relevance of similar performance information as a predictor of probable performance under the subject requirement. USAID may give more weight to performance information that is considered more relevant and/or more current.

Sub-Criterion 1: General Past Performance (10 points)

The contractor performance information determined to be relevant will be evaluated in accordance with the elements below, which indicate a successful record of past performance in terms of:

- Quality of product or service, including consistency in meeting goals and targets.
- Cost control, including forecasting costs as well as accuracy in financial reporting.
- Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks.
- Business relations, addressing the history of professional behaviour and overall business-like concern for the interests of the customer, including coordination among sub-partners and developing country partners, cooperative attitude in remedying problems, and timely completion of all administrative requirements.
- Customer satisfaction with performance, including end user or beneficiary wherever possible.
- Effectiveness of key personnel, including appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients were identified.

Prime Offerors who are not small business concerns will be evaluated on their performance in using small business concerns as sub-partners, joint venturers, and in other teaming arrangements.

In cases where an Offeror lacks relevant performance history, information on performance is not available, or an Offeror is a member of a class of Offerors where there is provision not to rate the class against a sub-factor, then the Offeror will not be evaluated favorably or unfavorably on performance. The "neutral" rating assigned to any Offeror lacking relevant performance history

is a score commensurate with the percentage of points received vs. possible points. An exception to this neutral rating provision is the non-small business prime with no history of subcontracting with small business concerns. Prior to assigning a “neutral” past performance rating, the Agreement Officer may take into account a broad range of information related to an Offeror’s performance.

Sub-Criterion 2: Past Performance with Small Business Concerns (5 points)

USAID will evaluate the extent to which the Offeror used and promoted small business concerns under current and prior contracts. The evaluation will assess the extent to which small business concerns participated in these contracts relative to the size/value of the contracts, the complexity and variety of the work small business concerns performed, and compliance with the small business subcontracting plan or other similar small business incentive programs set out in the agreement.

COST SHARING

There is a requirement that applicants propose 80 percent resource input as cost share. USAID considers cost sharing as an important element of this activity. USAID encourages applicants to demonstrate their commitment to program success by addressing the issue of cost-sharing. The amount of cost sharing, i.e. cash and/or in-kind contributions, will be evaluated in accordance with 22 CFR 226.23. Cost share will be part of the best value determination.

COST EVALUATION

Each cost proposal will be evaluated but will not be assigned a rating. The evaluation of cost will include a determination of cost realism, allowability, completeness and reasonableness analyses. This will consist of a review of an Offeror’s proposal to determine if the overall costs proposed are realistic for the work to be performed, reflect a clear understanding of the requirements, and are consistent with the Offeror’s technical proposal. Evaluation of cost proposals will consider but not be limited to the following:

- Cost realism and completeness of cost proposal and supporting documentation
- Overall cost control evidenced by the proposal (such as avoidance of excessive salaries, excessive home office staff visits, and other costs in excess of reasonable requirements)

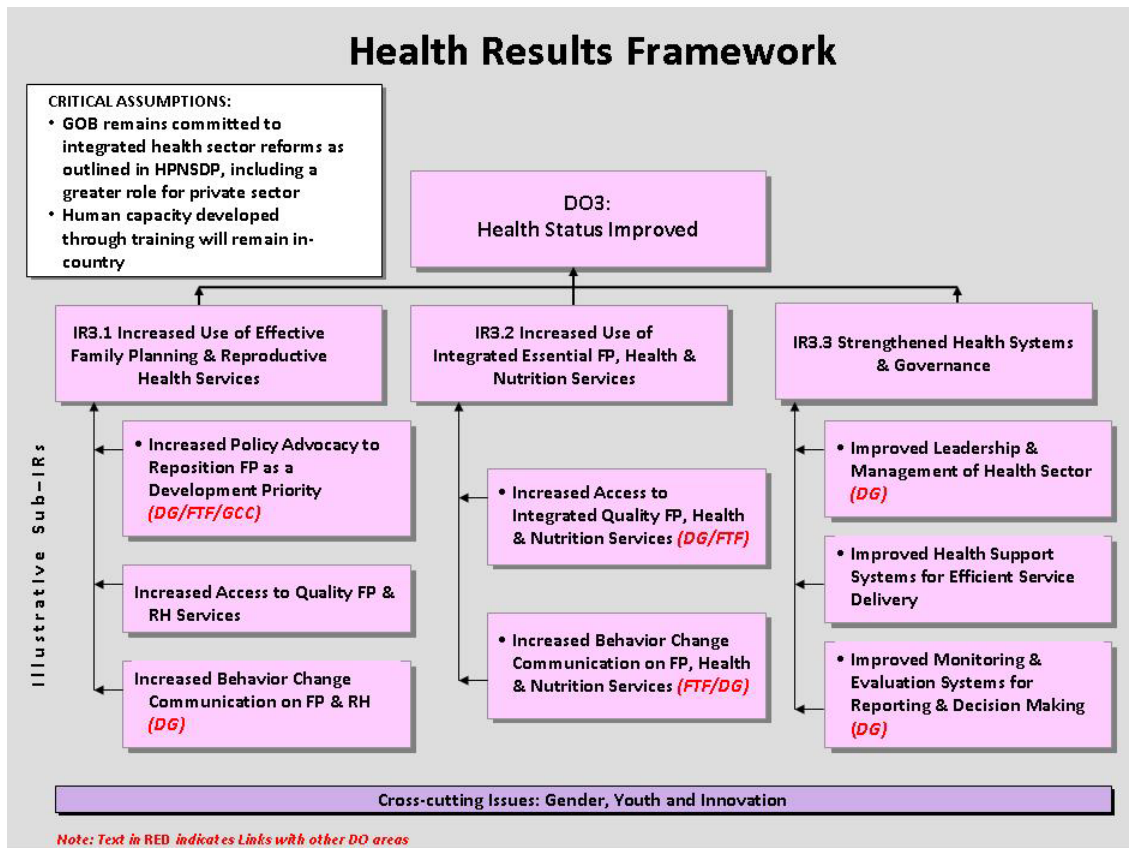
- END OF SECTION B -

SECTION C - PROGRAM DESCRIPTION

MARKETING INNOVATION FOR HEALTH

A. INTRODUCTION AND OVERVIEW

The selected recipient will implement a dynamic new marketing innovation for health activity which builds on the successes of USAID’s long history of support for social marketing activities in Bangladesh. The new activity supports access to new and existing public health related products using new and innovative approaches to reach new beneficiaries using a private sector social marketing model. The new activity will be implemented under USAID/Bangladesh’s Health Service Delivery Project (HSDP) in line with the Mission’s Country Development Cooperation Strategy (CDCS) and the U.S. Government’s Global Health Initiative (GHI). (See www.ghi.gov)



The new program will contribute to the DO3 “Health Status Improved” as a component of HSDP IR2: Increased Private Sector Engagement in Health, Population and Nutrition Service Delivery. The program is expected to achieve the following results:

- *Sub-Result 1: Increased distribution and sales of reproductive health products and a secured supply of contraceptive commodities.*
- *Sub-Result 2: Increased distribution and sale of ORS and Zinc to treat diarrhea and dehydration, safe delivery kit, and other MCH products for use in related services.*
- *Sub-Result 3: Increased distribution and sale of products for improving the nutritional status of children.*
- *Sub-Result 4: Increased distribution and sale of new and innovative products using social marketing techniques.*
- *Sub-Result 5: Improved health communications activities to reach target groups.*
- *Sub-Result 6: Increased training and referrals for long-term and permanent family planning methods, institutional delivery, management of sick newborn, and diagnosis and treatment of Tuberculosis.*
- *Sub-Result 7: Strengthened linkages with other public and private sector partners.*

This program is closely aligned with the Government of Bangladesh's (GOB) Health, Population, Nutrition Sector Development Program 2011-2016, which aims to enhance the quality of life in Bangladesh by reducing fertility and improving family health.

The primary beneficiaries of the marketing innovation for health activity are low and middle income women and men of reproductive age (15-45), newborns and children under-five. Active male participation in family planning, health service delivery and care seeking practices will be promoted.

B. BACKGROUND

1. Current Health Situation in Bangladesh

The Government of Bangladesh's (GOB) vision for the health sector is to see the people healthier, happier and more economically productive to achieve middle-income country status by 2021, the golden jubilee of Bangladesh's independence. In line with the country's Millennium Development Goals (MDGs)¹, the Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-16 has two main objectives: improved service delivery and strengthened health systems.

The MOHFW is responsible for the delivery of the Essential Service Package (ESP) of health services to the most disadvantaged people of Bangladesh. The target population includes women, children, the poor and the elderly.

The ESP services are provided through a network of field workers, satellite clinics, Community Clinics, Union Health and Family Welfare Centers (UHFWCs), Mother and Child Welfare Centers (MCWCs), and Upazila Health Complexes (UHCs). The MOHFW delivers health services directly through its own facilities under the direction of two separate executing authorities, the Directorates of Health Services and Family Planning. There are 1,275 UHFWCs managed by the Director-General of Health Services (DGHS) and about 3,000 under the control of Director-General of Family Planning (DGFP). The Upazila Health Complexes delivery

primary health care services in the country. District hospitals and Medical College hospitals offer secondary as well as tertiary care services.

In urban areas, public health management (including delivery of the ESP and food safety) and solid waste disposal are the responsibility of the Ministry of Local Government, Rural Development and Cooperatives (MOLGRDC). The City Corporations and Municipalities (through their Chief Health Officers) coordinate, plan, and implement public health services in urban areas. However, most local government authorities focus on sanitation and child immunization and have very limited financial allocation to support their services.

Non-Government Organizations (NGOs) fill critical gaps in public and private health services by reaching out to low income and marginalized members of the community. The private sector plays a dominant role in Bangladesh's health care system, both in health provision and financing. An estimated 86 percent of consumers use private sector health services while only 14 percent use Government of Bangladesh (GOB) health services. People use GOB services primarily for family planning and preventive care services. People use the private sector more for curative services due to the experience of shorter queues, increased access to medical supplies and a perceived higher quality of care and services.

2. Health Outcomes

Over the past three decades, Bangladesh has made considerable progress in reducing its fertility rate. A Bangladeshi woman now bears fewer than three children in her lifetime, down from over six in the 1970s. Nonetheless, it is projected that the population size will grow to around 200 million over the next four decades. The GOB's goal is to reduce the fertility rate below replacement level (2.0 children per woman) by 2016 which requires revitalizing the family planning program and adopting a multi-sectorial approach to address population issues.

The country has made significant strides in reducing infant, child and maternal mortality. Bangladesh is on track to meet the millennium development goals on child and maternal mortality. The maternal mortality ratio is one of the highest in the region, although it recently witnessed a 40 percent decrease to 194 deaths per 100,000 live births in 2010 from 322 per 100,000 in 2001. (See www.dghs.gov.bd/dmdocuments/BMMS_2010.pdf)

Health outcomes have improved in some areas, but more effort is needed to complete unfinished business in maternal and newborn health, long acting and permanent family planning methods and nutrition. Through its investments in the GHI and the new Feed the Future (FtF) (www.feedthefuture.gov) presidential initiatives, USAID will support the GOB's efforts to further reduce maternal and child mortality rates, especially in newborns, increased use of long acting and permanent family planning methods, and improve nutrition.

3. Existing Health Inequities

Poverty remains a crushing burden on the health sector and the poor are rarely well-served by the existing system. Their outcomes in almost all components of family health are unacceptably low. Cultural constraints on the use of health care exacerbate the problem, creating an arc of sector under-performance stretching from parts of Sylhet and Chittagong Divisions to include the coastal belts of Barisal and Khulna Divisions. Poverty and cultural issues combined still widen

gender disparities, with women generally poorly served. While health status in urban areas is on average better than in rural areas, the health status of slum dwellers is much worse than among the general urban population and often worse than among the general rural population.

C. MANDATE FOR COLLABORATION

This activity will fit within and contribute to achieving the goals of three major strategies – the GOB’s HPNSDP, the U.S. Government’s Global Health Initiative (GHI) strategy and the USAID Country Development Cooperation Strategy (CDCS). This activity will support the GOB’s HPNSDP 2011-16, for which targets, components and budget are set forth. The HPNSDP places special attention on improving the health status of the disadvantaged and underserved – the poor, women, children, elderly, marginalized and physically and psychologically challenged.

USAID provides the GOB with technical advisors and assistance to strengthen health systems. The Bangladesh and the U.S. governments’ strategies over the next five years are ambitious and call for stakeholders to understand how they fit into the big picture and to work collaboratively to achieve common aims. This activity will need to dynamically engage with many different stakeholders on a variety of fronts to cultivate efficiencies and achieve results.

The GHI strategy forms an integral part of the USAID/Bangladesh CDCS designed to assist the people of Bangladesh in developing a more mature democracy that creates broad-based economic opportunities and delivers basic services. It seeks to ensure an environment that rejects extremism, fosters social development and promotes regional stability. The USAID/Bangladesh’s Office of Population, Health, Nutrition and Education (OPHNE) will manage the new activity. The recipient will be expected to collaborate with existing USAID funded activities, other USG agencies and partners working towards achievement of the GHI goals. This activity, in collaboration with other sector teams, will also contribute to achieving the goals of other Presidential initiatives- Feed the Future and Global Climate Change.

Donor Collaboration

UNFPA works on policy advocacy, behavior change communication, contraceptive commodity, and some capacity building aspects for family planning. The Family Planning Association of Bangladesh (FPAB), an affiliate of International Planned Parenthood Federation (IPPF) is engaged in the delivery of family planning methods, including the long acting and permanent methods, through its clinics. Marie Stopes Bangladesh, a member of Marie Stopes International, also provides clinical services on family planning methods. The Asian Development Bank supports the Urban Primary Health Care Project (UPHCP) to deliver family planning and reproductive health services through the urban clinics managed by different city corporations. Bangladesh Association for Voluntary Sterilization (BAVS), a premier organization devoted for long acting and permanent methods of family planning, provides services on all clinical family planning methods through its clinics. The maternal and newborn health joint project of UNICEF, WHO, and UNFPA also provides family planning services. KFW procures some contraceptives for the GOB.

D. CURRENT USAID/BANGLADESH SOCIAL MARKETING ACTIVITY

USAID/Bangladesh has invested over 30 years and tens of millions of dollars in social marketing programs aimed at reaching Bangladesh's huge impoverished population with affordable, high quality, high impact health products and services. From 1997 on USAID supported a cooperative agreement with a local not-for profit organization with funding, technical assistance, and the donation of contraceptive commodities.

USAID's current social marketing sustainability activity uses commercial marketing techniques to motivate people to practice socially beneficial behavior and to purchase other socially beneficial products and services at an affordable price. The activity specifically addresses: 1) distribution of temporary family planning, methods, safe delivery kits, micronutrients and oral rehydration salts (ORS) following social marketing principles; 2) promoting awareness and use of these products through a variety of information, education, and promotional methods; and 3) attaining sustainability of social marketing approaches. Social marketing is the use of marketing principles to influence human behavior in order to improve health or benefit society. USAID procures and donates contraceptives to the implementing partner who then markets these donated products at subsidized prices to low and middle income groups. The current program is work with over 200,000 distribution points throughout the country.

An evaluation of the current activity was conducted in 2011. In 2010, the previous social marketing activity achieved the following: 3.63 million couples year of protection; 35 million cycles of oral contraceptive pills sold; 147 million condoms sold; and 1,250,000 vials of injectables sold. The activity provides approximately 35 percent of the total contraceptive needs in the country (BDHS 2007). Furthermore, the activity achieved: 60,000 safe delivery kit sales; over 220 million ORS sachet sales; and 11 million MonoMix micro-nutrient supplement packets sold.

U.S. Government investments supported increased access to long acting methods by expanding services in health facilities as well as mobile services; improved contraceptive choice through introduction of emergency contraception and progestin-only-pills; expanded provision of Depo-Provera injectables through Blue Star providers and trained community health workers.

E. PROGRAM ACTIVITIES

The new activity is organized into three principle components:

- **Component 1 – Commodity Sales and Distribution** through private sector networks, including NGOs, at an affordable price to support family planning and other healthy practices especially focused on low income groups.
- **Component 2 – Behavior Change Communication** to promote healthy behaviors, reduce harmful practices and increase care-seeking practices while reaching out to new audiences (youth).

- **Component 3 – Capacity Building** of local formal and non-formal private providers to improve and sustain the delivery of quality family planning, reproductive health, child services, referrals/DOTS services for TB and referrals for higher level clinical services including LAPM services.

Component 1 – Commodity sales and distribution through private sector networks including NGOs at an affordable price to support family planning and other healthy practices especially focused on low income groups.

The mix of family planning methods has historically been heavily weighted towards short-term methods with high discontinuation rates. The goal of the marketing innovation for health activity is to offer and promote a full range of contraceptive methods to meet the varied family planning needs of Bangladeshi couples. Increased product choices together with improved client counseling by providers on options will assist couples in finding the contraceptive method that meets their needs. Providers must be able to educate their clients on the pros and cons of each method including overall cost and protection levels of temporary versus long acting methods.

The activity is expected to maintain at least one condom, one oral contraceptive and one injectable contraceptive at low prices for those who cannot afford commercially priced products. Lower cost products will be cross subsidized by revenues generated from the sale of higher-priced brands and donations as well as from leveraging funds from private firms or other donor resources. The ultimate objective by the end of the funding period is to have an activity in place that features secured, segmented social marketing of contraceptives and other health products sustained by users themselves while continuing to meet GOB and USAID/Bangladesh family planning and health targets.

USAID seeks the following four sub-results under Component 1:

Sub-Result 1: Increased distribution and sales of reproductive health products and a secured supply of contraceptive commodities.

The Bangladesh/DHS 2007 reported that while 62 percent of couples want no more children, only seven percent are currently using LAPMs. This demonstrates a large unmet demand for long acting methods. This activity will support the MOHFW commitment to reinvigorate its family planning program, with renewed focus on promoting long acting methods to meet couples choice to space. BDHS data also indicate that 17 percent of married women have an unmet need for family planning, and that if unmet need of women could be addressed, the current contraceptive prevalence rate in Bangladesh would reach to 73 percent to achieve a replacement level of fertility. (See [www.measuredhs.com/pubs/pdf/FR207/FR207\[April-10-2009\].pdf](http://www.measuredhs.com/pubs/pdf/FR207/FR207[April-10-2009].pdf))

While the private sector provides nearly half of all modern methods, it provides just 7.3 percent of all LAPMs (BDHS 2007). This represents a huge disconnect that could be leveraged to the great advantage of improved availability of LAPMs. The significant barriers to for-profit provision of LAPMs means this huge segment of the health system continues to miss opportunities to provide needed services and products. USAID intends to raise the image of long acting methods through the delivery of quality services and appropriate communication strategies.

Long acting methods (IUD and Implants). One of the important aims of this activity is to increase private sector participation in increasing the availability and use of long acting methods. IUD and implant use is increasing, but their share of the contraceptive method mix remains low.

Illustrative Interventions:

- Support a commercial supply of long acting method products available to for-profit providers not participating in the public sector supply chain or network. Ensure that these commodities are affordable to lower income groups.
- Support the scale up of postpartum IUDs and tubal ligations at high-volume private sector maternity providers through referrals.
- The recipient should operate as a wholesaler of IUDs and implants for distribution to the pro-profit sector.
- Ensure an effective and reliable supply chain management system for long term method commodities.

Referral for Permanent Methods. Permanent methods are used by only one in ten family planning users. Less than one quarter of couples, who have completed child bearing, use any long-term or permanent methods of contraception. Recently, male sterilizations are increasing from a low base in areas where quality services are offered. In addition to the ongoing technical assistance to the GOB on improving LAPM performances, USAID is engaging the private sector in providing permanent method service delivery to improve the image of permanent methods through ensuring quality services and use of appropriate communication strategies.

Illustrative Interventions:

- Develop referral network for clients eligible for permanent methods to the private and public permanent method providers.
- Coordinate with new GOB and NGO community health worker networks and promoters – e.g. BRAC, SSFP – to refer to for-profit providers where available.
- Implement a communication strategy to encourage providers to graduate clients who currently use short term methods and have completed their family size to use long acting methods.

Injectables. Depo-provera hormonal injections are popular with Bangladeshi women (10 percent use this method). Among currently married women who are not using a contraceptive method, 18 percent indicate they intend to use injectables. At present, USAID donated commodities play a significant market role in providing longer term methods through a private sector provider network.

Illustrative Interventions:

- Develop a long-range plan for injectables using a “mass marketing” national campaign approach.
- Improve injectable supply availability and optimal product positioning in the market.

- Ensure an effective and reliable supply chain management system for injectables.

Oral contraceptive pills. Oral contraceptives are the most popular modern method chosen by women in Bangladesh (26 percent). USAID subsidized brands allow women access to affordable contraceptive products from the private sector.

Illustrative Interventions:

- Maintain different brands of oral contraceptive pills, including a low dose pill suitable for all income quintiles of the society. Maintain at least one subsidized brand for those who cannot afford commercially priced products. Lower cost products will be supported by revenues generated from the sale of higher-priced brands and donations.
- Increase sales and distribution of oral contraceptives by expanding the penetration of retail channels and by focusing on under-served and low performing areas.
- Update and strengthen knowledge among health providers (pharmacy and non-pharmacy pill vendors) on the hormonal composition, correct usage and the management of pill-related issues so that the providers may impart good quality, over-the-counter information to their consumers while increasing pill sales.
- Expand distribution of oral contraceptives to non-traditional markets using innovative marketing and distribution strategies in order to expand the reach of these commodities to a greater proportion of the population.

Condoms. More than 65 percent of the couples who use condoms, buy condoms from the market compared to 13 percent who use the GOB supplied brand. Condoms contribute to family planning and disease prevention, reducing risk of the spread of HIV/STDs.

Illustrative Interventions:

- Maintain at least one low-cost condom on the market with GOB or limited direct donor support. All other brands may be priced to make a profit and thus cross-subsidize the lower cost brands.
- Increase sales and distribution of condoms by expanding distribution channels and covering new markets through a larger network of retail outlets, focusing particularly on under-served areas.

Sub-Result 2: Increased distribution and sale of ORS and Zinc to treat diarrhea and dehydration, safe delivery kit, and other MCH products for use in related services.

ORS+Zinc. The program will market ORS as long as diarrhea represents a major public health issue. In addition to ORS, UNICEF and WHO recommend the use of zinc for the treatment of diarrhea.

Illustrative Interventions:

- Introduce/market new products, such as bottled ready-to-use ORS and flavored electrolyte beverage, targeting middle and upper-middle income groups in order to generate more

revenue from the product line. The program will explore different possibilities of revenue generation from distribution of ORS.

- Intensify ORS advertising and promotional campaign, including mass media and sales promotional activities. Major communication objectives include strengthening generic importance and reaching out to broader segments of the population.
- Promote ORS + Zinc as an adjunct treatment for diarrhea through promotional campaigns.
- Position zinc as a self-sustaining and profitable product.

Safe Delivery Kit. The Bangladesh Maternal Mortality Survey 2010 revealed that 73 percent of deliveries take place at home in Bangladesh warranting a need for safe delivery kits to ensure infection prevention practices during home delivery.

Illustrative Interventions:

- Explore all opportunities, market-based or community-based, to increase the distribution and use of safe delivery kits.
- Develop appropriate communication strategies and implement multiple promotional approaches to increase demand and use of safe delivery kits.

Sub-Result 3: Increased distribution and sale of products for improving the nutritional status of children.

Micronutrients for children (under five) and adolescents. To save lives and reduce morbidity, food-based approaches and malnutrition prevention programs should be coupled with targeted micronutrient supplementation when and where necessary. Vitamin A, iron, iodine, zinc, and foliate are the key known micronutrients that affect child survival, women's health, educational achievement, adult productivity, and overall resistance to illness. Ideally, these micronutrients are consumed through a good diet including the consumption of fortified foods. Micronutrient *Sprinkles* is a dry powder containing iron and other essential vitamins and minerals that can be added to food. Currently, through USAID support, 11 million sachets were sold in 2010. Under the new activity, the recipient will continue to position the daily dose of 1g sachet per day for under-five children. This will help to prevent and correct iron deficiency anemia, a common disorder in most lower-income families in Bangladesh.

Illustrative Interventions:

- Procure the product from an in-country licensed manufacturer and distribute it through sales channels with the support of marketing and communications activities.
- Identify the potential for expanding the market to generate additional revenue and expand the availability of micronutrients through NGOs and the private sector.
- Market a micronutrient beverage that helps to alleviate anemia in adolescents.
- Support market micronutrient products (e.g. iron fortified biscuits) to raise general awareness and create long term market demand for new and existing products.

Sub-Result 4: Increased distribution and sale of new and innovative products using social marketing techniques.

Existing distribution networks should be employed to introduce a host of new and innovative products using a social marketing/private sector approach. Examples to consider might include: water purification tablets/systems, sanitary napkins, clean cook stoves, fortified biscuits and other foods.

Illustrative Interventions:

- Conduct a market assessment to determine the interest in and demand for new and innovative products to support public health goals in Bangladesh.
- Seek potential manufacturers or importers of a range of products sold through pharmacies that do not require a prescription from medical providers and test the viability of becoming a national distributor.
- Determine the feasibility of sales and distribution of portable clean cook stove technology using a social marketing methodology.
- Expand social marketing messages to promote a range of new products to youth (e.g. fortified snack foods, water purification).

Component 2 – Behavior Change Communication (BCC) to promote healthy behaviors, reduce harmful practices and increase care-seeking practices. Long acting permanent methods require significant repositioning and mainstreaming in the minds of both consumers and providers to achieve increased demand. Collaborate with national BCC working group and BCC technical advisors for Family Planning, Health Services and Nutrition to better position social marketing products to reach marginalized groups. Develop a coordinated mass media approach using various technologies to reach a larger audience. A key objective for mass media communication is to generate increased referrals to clinical services at USAID partner NGO and private sector facilities, especially for LAPM services.

- Sub-Component 2.1: Behavior change communication to create strong links between facility and market-based activities and to improve interpersonal communications and counseling skills of non-formal health providers.
- Sub-Component 2.2: Building on MOHFW mass mobilization messages through advertisements and other media promotions to create demand for services and to change behaviors beyond use of facilities by creating a critical mass to remove barriers to change.

In line with GHI's focus on women, girls and gender equality, USAID-supported BCC and community mobilization activities will promote men's responsibility in family planning use.

USAID seeks the following sub-result under Component 2:

Sub-Result 5: Improved health communications activities to reach new user groups.

Building upon USAID's successes in health communications activities in the past, promotions for products need to use both brand advertisements and generic behavior change campaigns. The GOB has requested technical assistance from USAID to build the MOHFW capacity to restart and coordinate behavior change communications activities in country. With the entry into potentially new product lines, the new activity needs to invest in promotion, customer education,

and research to raise awareness, demand and increased sales volumes of critical public health interventions.

The recipient must take advantage of the vibrant communications sector to launch innovative, cutting edge approaches to reposition social marketing of public health products over the next five years.

Illustrative Interventions:

- Provide knowledge on contraception, management of childhood illness and essential newborn care, prevention and management of malnutrition, and TB for pharmacists, village doctors, and non-graduate medical practitioners. These providers are a major source of health information and prescriptions for medicine, particularly in rural and semi-urban areas. This effort helps the private providers to provide quality information and services to customers.
- Design and implement a focused interpersonal health provider BCC initiative targeting private, NGO and public health providers and all actors in the referral chain.
- Build on the use of new and existing technology platforms including the use of mobile phones, revitalizing advertising and billboards, exploiting social media outlets like Facebook and Twitter and radio spots to reach the next generation of family planning users including men.
- Develop appropriate communication strategies to enhance the image of the long term methods among clients and providers as a symbol of safe and sustainable services.
- Partner with GOB BCC message development efforts and support these efforts at the community level by integrating these public health/community service messages with mass media campaigns. See MOHFW new BCC working group web link at www.bdbccgroup.wordpress.com.
- Engage new sponsors to invest in innovative marketing activities.
- Mobilize BCC marketing expertise to other donor health programs and NGOs in Bangladesh, as a source of income to cross-subsidize its other programs.
- Increase the recruitment of champions among acceptors and providers – peer to peer outreach.
- Increase focus on male involvement and couple counseling.
- Initiate a significant public relations/strategic communication to include news and other fact-based media; get well-known personalities, government, LAPM acceptors in news and other validating information channels.

Component 3 – Capacity building of local formal and non-formal private providers to improve and sustain the delivery of quality health and family planning services. The role of local formal and non-formal private providers to improve and sustain the delivery of quality health and family planning services is a very pertinent issue for the Bangladesh health sector. Over 80 percent of people, particularly women and low income groups, often turn to informal providers as their first point of contact for health services delivery. While some informal providers provide adequate care, others provide unnecessary and even harmful medications, or fail to refer serious cases, thereby contributing to unnecessary death and impoverishment. The informal providers in rural (and even in urban) areas do serve the poor most and are closest to them in their time of need.

These providers are often drug sellers themselves. The recent BMMS 2010 also noted that although the obstetric care services have expanded in the private health facilities, the quality of services is below standard in many occasions.

While addressing the sector goals, USAID recognizes the large and critical role of the private sector, including the informal sector providers, in the health service delivery and consider building of capacity for the private sector providers to improve quality of case management on common ailments these providers encounter and ensure timely and appropriate referral of cases including referral for FP-LAPMs. USAID expects the informal and formal private sector to complement the public sector in achieving its goals.

There has been insufficient investment in the training of public, private and NGO providers in LAPMs, including new doctors at the medical colleges. Currently none of the public (18) or private (45) medical schools in Bangladesh teach LAPM as a clinical skill or offer the opportunity to practice methods during an internship. The GOB and donors have not supported training of existing private sector providers in these services at a scale sufficient to fill vacancies. A Mayer Hashi project facility mapping study reported that only 18 percent of NGO service providers were skilled in tubectomy, 13 percent in implants, and six percent in vasectomies. Increased provider access to skills and LAPM products will translate into more access to LAPMs for the public. The new program will include training for private sector providers on counseling and referrals for LAPM services to other providers. The recipient will collaborate closely with EngenderHealth, through the Mayer Hashi project to establish referral linkages with public LAPM service delivery sites.

USAID seeks the following sub-results under Component 3:

Sub-Result 6: Increased training and referrals for long-term and permanent family planning methods, institutional delivery, management of sick newborn, and diagnosis and treatment of Tuberculosis.

Bangladesh needs improved performance of LAPM of family planning, conducting deliveries at the facilities, treating and managing newborn infections, and reducing delays in diagnosing and treating Tuberculosis.

The new program needs to explore ways to encourage health providers at all levels of the delivery system to provide appropriate health services and to refer and track referrals for LAPM, institutional delivery, management of sick newborn, and diagnosis and treatment of Tuberculosis.

Illustrative Interventions:

- Provide short-term programmatic training through eligible private sector and institutional partners to private health providers on effective management of common illnesses and appropriate referrals for the broad range of family planning and reproductive health services, institutional delivery, management of sick newborn and diagnosis and treatment of Tuberculosis.
- Build private health provider capacity to provide effective counseling and information to clients regarding referral linkages between different service delivery points.

Sub-Result 7: Strengthened linkages with other public and private sector partners.

The relationship between USAID's marketing innovation for health activity and the GOB must be strong in order to create opportunities to build capacity on both sides to engage more effectively in public-private partnerships. Likewise, the program should reach out to the private sector to procure lower cost generic products for branding and social marketing, purchase regular consumer and market information surveys, contract for functions such as distribution and warehousing if it is more efficient and cost-effective to do so. The program will collaborate with USAID-funded partners for supplying products and referrals to NGO clinics, to ensure major logistics and essential commodity security. These partnerships could be extended to other non-USAID partners.

Linkages with other USAID funded projects, e.g. SHOPS, EngenderHealth and Smiling Sun Franchising Program. SIAPS (Systems for Improved Access to Pharmaceutical Services Program) and Knowledge Management/BCC should be established to benefit from existing partnership relationships in promoting LAPM.

Illustrative Interventions:

- Enhance collaboration with Ministry of Health and Family Welfare (MOHFW) in the production, distribution, and promotion of social commodities in line with the GOB's HPNSDP 2011-2016.
- Enhance collaboration with private sector partners who share an interest and capacity in social marketing activities, especially in promoting long term methods of family planning.
- Support a total market approach to support the commercial sector to introduce low and mid-priced brands aimed at those who can afford to pay as well as accessing low-income markets through rural and community-based distribution systems and through provision of commodities to private sector and NGO provider systems.
- Build the counseling and referral capacity of the extensive number of non-graduate medical providers.
- Engage private sector manufacturers, to explore public-private partnerships to make their products available to lower income levels through their planned marketing network.

F. MONITORING AND EVALUATION

Strengthening monitoring and evaluation (M&E) in support of evidenced-based decisions and policies is a basic principle of GHI and USAID Forward. Within the first three months of an award, the Recipient shall submit an M&E Plan to guide the process of assessing and reporting progress towards achieving the intermediate results and performance milestones described in this project. The M&E Plan shall include performance indicators with definitions, baseline levels, annual targets, and data collection methods/sources, which are disaggregated as appropriate (e.g., gender, age, geographic area) and are linked to specific institutional development work plans developed under the contract. The recipient shall cooperate with USAID as it conducts an independent mid-term performance assessment and other evaluations to measure overall

performance of the project interventions. The M&E Plan will be reviewed annually and updated/revised as needed. Lastly, the M&E Plan shall include a data quality plan that includes an assessment of strengths and weaknesses of M&E data collection methodologies and analyses.

SECTION D – CERTIFICATIONS & ASSURANCES

1. CERTIFICATION REGARDING TERRORIST FINANCING IN ACCORDANCE WITH AAPD 04-14

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website: <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification-

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by sub national groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signed: _____ (Typed
Name and Title) Date (Name of Organization)

2. AUTHORIZED INDIVIDUALS

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name	Title	Email	Telephone No.	Facsimile No.
<hr/>				
<hr/>				
<hr/>				

3. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: _____

4. PROCUREMENT INFORMATION

(a) **Applicability.** This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a sub grant or sub agreement) to a sub grantee or sub recipient in support of the sub grantee's or sub recipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) **Amount of Procurement.** Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:
\$ _____

(c) **Nonexpendable Property.** If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

(d) **Source, Origin, and Componentry of Goods.** If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componentry, which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity result, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items do not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods, which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

(e) **Restricted Goods.** If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION QUANTITY ESTIMATED PROBABLE INTENDED USE (Generic)
UNIT COST SOURCE ORIGIN

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION QUANTITY ESTIMATED PROBABLE SLUPPIER NATIONALITY
RATIONALE (Generic) UNIT COST (Non-US Only) for NON-US

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

5. SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Applicability: All RFA’s must include the attached Survey on Ensuring Equal Opportunity for Applicants as an attachment to the RFA package. Applicants under unsolicited applications are also to be provided the survey. (While inclusion of the survey by Agreement Officers in RFA packages is required, the applicant’s completion of the survey is voluntary, and must not be a requirement of the RFA. The absence of a completed survey in an application may not be a basis upon which the application is determined incomplete or non-responsive. Applicants who volunteer to complete and submit the survey under a competitive or non-competitive action are instructed within the text of the survey to submit it as part of the application process.)

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Applicant’s (Organization) Name:

Applicant’s DUNS Number:

Federal Program:

CFDA Number:

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

1. Has the applicant ever received a grant or contract from the Federal government?

Yes No

2. Is the applicant a faith-based organization?

Yes No

3. Is the applicant a secular organization?

Yes No

4. Does the applicant have 501(c)(3) status?

Yes No

5. Is the applicant a local affiliate of a national organization?

Yes No

6. How many full-time equivalent employees does the applicant have? (*Check only one box*).

3 or Fewer 15-50

4-5 51-100

6-14 over 100

7. What is the size of the applicant's annual budget? (*Check only one box*.)

Less Than \$150,000

\$150,000 - \$299,999

\$300,000 - \$499,999

\$500,000 - \$999,999

\$1,000,000 - \$4,999,999

\$5,000,000 or more

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** The Agency Contact listed in this grant application package.

End of Request for Application for Marketing Innovation For Health