I. Summary of deadlines

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Release of Request for Proposal (RFP)</td>
<td>March 28, 2014</td>
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<tr>
<td>Confirmation of interest due by</td>
<td>April 2, 2014</td>
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<tr>
<td>Clarification questions due by</td>
<td>April 3, 2014</td>
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<tr>
<td>Response to questions due by</td>
<td>April 7, 2014</td>
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<tr>
<td>Proposals due by</td>
<td>April 10, 2014</td>
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<tr>
<td>Selection of short list by</td>
<td>April 14, 2014</td>
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<tr>
<td>Interviews with short-listed firms by</td>
<td>April 15-16, 2014</td>
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<tr>
<td>Conclusion of process</td>
<td>April 22, 2014</td>
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Please note that extensions to this schedule will not be allowed unless those extensions are made solely by PATH at PATH's discretion. Lack of adherence to the above dates may result in disqualification.

II. PATH Statement of Business

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH’s work improves global health and well-being.

Headquartered in Seattle, Washington, PATH currently works in more than 70 countries in the areas of health technologies, maternal and child health, reproductive health, vaccines and immunization, and emerging and epidemic diseases.

For more information, please visit www.path.org.

III. Project background and purpose of RFP

Background:
According to the World Health Organization, newborns who die within their first 28 days of life account for 44% percent of all deaths of children under age five. In resource-poor settings, simple interventions such as birth spacing, birth preparedness, hygienic delivery, thermal care, and immediate breastfeeding could prevent the majority of these deaths. Effective, novel, and low-
cost strategies for achieving improved health practices at the home and community levels are needed, especially in areas where staffing shortages and low literacy levels are common.

The intervention Projecting Health (PH) consists of a platform of community developed and produced videos with targeted and relevant health messaging on topics relating to maternal and newborn health selected by the Community Advisory Board (CAB). The dissemination of these video messages has been built into existing community structures and delivered at the community level by government supported frontline healthcare workers (ASHAs) in mothers’ groups and Village Health and Nutrition Days. In each month one theme based videos have been screened in both the venues.

The feasibility of this approach has been successfully demonstrated under the first phase suggesting that significant expansion is warranted. In the second phase, the project intervention area has been expanded to two other blocks (Khiro and Sareni) of Rae Bareli district with a targeted coverage of approximately 30,000 households. The intervention will target 121 mothers’ groups across 90 villages. Proposed assignment will concentrate on generating evidence on the videos’ effectiveness in improving maternal and newborn health practices.

Objectives

The primary objective of the study is to assess the effectiveness of the PH intervention in increasing knowledge and changing practices of the women between ages 18 and 45 exposed to the video messages on the following maternal and neonatal health (MNH) areas and the focus outcome indicators are listed below each corresponding area:

- **Birth preparedness**
  - Identify a place to deliver
  - Institutional delivery
  - Saving money for an emergency
  - Planning for emergency transport
  - Preparing blade, thread for cord cutting
  - Prepare a clean cloth for wrapping baby after birth

- **Breast feeding**
  - Gave colostrum within 1 hour after birth
  - Exclusively breastfed for 6 months

- **Thermal Care**
  - Bathed baby between 3 -7 days after birth
  - Held baby skin to skin or wrapped in a clean cloth after birth

- **Cord Care**
  - Cord was cut using a clean blade and tied with a clean cord
  - Nothing was applied to the cord

- **Family planning**
  - Using a family planning method
Study design
Effectiveness of the intervention will be measured by using a quasi-experimental study design with cluster randomized sampling with three arms: one comparison and two intervention arms. The composition of different study arms is detailed below:

Exhibit 1: DPH Study Arms

<table>
<thead>
<tr>
<th>Study arms</th>
<th>Attributes</th>
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</thead>
<tbody>
<tr>
<td>Intervention arm 1 (A)</td>
<td>Villages having active mothers’ groups which received a package of video messages on birth preparedness; breastfeeding; cord care; thermal care; and family planning through project trained ASHAs.</td>
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<tr>
<td>Intervention arm 2 (B)</td>
<td>Villages having active mothers’ groups which received messages delivered through standard discussion format from ASHAs (not showing any videos) on birth preparedness; breastfeeding; cord care; thermal care; and family planning through project trained ASHAs.</td>
</tr>
<tr>
<td>Comparison arm (C)</td>
<td>Villages do not have mother groups or non-active mother groups and received messages in usual way from government and non-government organization.</td>
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</tbody>
</table>

Sample size
Sample size for assessing primary outcomes has been derived by using minimum sample size required with 95% level of confidence and 80% power for difference only. It has been proposed that current study will consider maximum of sample size derived for both the techniques with desired level of significance and power. The computed sample size with 95% level of significance and 80% power we have determined to use is 952 with a distribution of 317 for each study arms.

Study participants
The study participants will be women between 18 and 45 years and frontline healthcare workers residing in the intervention blocks. The study will not recruit any children, however, may involve pregnant women with proper consent process to assess their knowledge and practices towards maternal neonatal health.

Purpose of RFP
PATH is interested in engaging the services of a consultancy firm/research agency who is familiar and has a proven track record of assessing outcome and attribution of community based health interventions through population based survey.

IV. Scope of Work
Proposed assessment study will be conducted in Khiro and Sareni blocks of Raebareli district of Uttar Pradesh. The selected firm/agency will be responsible for conducting a household survey amongst the selected respondents who were exposed as well as not exposed to the intervention and will submit a detailed assessment report. Agency should responsible for collecting both qualitative and quantitative data based on the proposed evaluation design. The agency will work closely with PATH India team to finalize data collection tools through a pre-testing exercise. The agency will be responsible for mobilizing the team including qualitative and quantitative researchers, health behavior specialist, data analyst (statistician), field supervisors and data collectors. Agency will coordinate with PATH team for briefing the study team on the intervention and will responsible to train the data collectors on the different tools needs to be used for the assessment. Proposed Researchers will work closely with PATH representative to finalize sampling frame; respondent selections; data analysis and preparing an assessment report. The agency will suggest quality assurance plan for all the activities planned for the proposed assignment. PATH India team will be responsible for monitoring the adherence to the quality standards mutually agreed upon. The agency should be responsible for following the research ethics standard as
prescribed by PATH Research Ethics Committee and local Ethics Committee and should deploy the team who have undergone trainings on ethical standards.

**Key Deliverables:**

The expected key deliveries from the proposed assignment will be:
- Final data collection tool;
- Workplan with key lead person including field data collection plan
- Recruitment strategy
- Data management plan;
- Data analysis plan;
- Assessment report structure;
- Weekly progress report;
- Quality assurance plan;
- Quality assurance field visit report;
- Presentation on key findings; and
- Final assessment report.

**End Objective**

The end objective is to measure the effectiveness of the community based behaviour change intervention by using community led video tool. The assessment result will provide inputs to evidence-based advocacy for scaling the model in other geographical locations.

**V. Proposal Requirements**

Bidding participants should provide comprehensive proposals describing the following components:
1. Broad outline of work plan/activities based on the scope.
2. Timeline (the agency is expected to complete this scope of work within a period of two months.
3. Budget and budget narrative.
4. Prior experience in conducting similar data collection and evaluations studies.
5. Writing sample examples of previous work conducted including reports, publications, etc.

**A. Staffing plan and responsibilities. Qualifications**

Please include a section on your overall qualifications, including:
- Profile of relevant corporate qualifications.
- Work experience in India and Uttar Pradesh.
- Qualifications of key members of the proposed project team (please attach CVs and provide details regarding back-up/standby teams).
- Years in business.

Each bidder must provide **complete contact information** for the location responding.

**B. Costs**

Each bidder must submit a **detailed financial budget** (see Annex I for a sample budget format). In addition, vendors must submit with their proposals financial documentation that justifies Institutional Cost rates.

A line item budget, in Indian rupees, is to be presented with **unit rates, person days, and timelines as per the sample budget format** showing anticipated costs of the proposed survey activities. A detailed explanation and justification for each line item must be included in a separate section entitled “Budget Notes”. Data to support actual costs and/or methodologies to support
cost estimates should be included. All projected costs must be in accordance with the organization’s standard practices and policies.

**Personnel costs:** For each person (or category of personnel), specify the exact activity on which the person will be working, the number of days required, and the total cost for each person. List the names and responsibilities of key personnel, if known. The cost of data analysis and final report writing are subsumed under this heading.

**Travel and transportation:** Indicate modes of travel, including estimated number of trips, reason for trip, trip destination, cost per trip (transportation and expenses or per diem), and number of travel days per trip. Include local travel expenses such as gasoline and mileage, etc.

**Supplies and Equipment:** Indicate the list if equipment to be purchased and cost of the same. Note: Prior to any purchases, three quotations will need to be obtained and approval must in writing from PATH prior to the actual procurement.

**Workshop and Training:** Indicate number of workshops/trainings, duration of workshops and number of participants in each of the workshop.

*The budget format used in this RFP should be followed to the greatest extent possible when generating a response so as to allow for comparisons to be made.*

**C. Indirect cost allowances**

Indirect costs are overhead expenses incurred as a result of the project but not easily identified with the project’s activities. These are administrative expenses that are related to overall general operations and are shared among projects and/or functions. Examples include executive oversight, accounting, grants management, legal expenses, utilities, and facility maintenance. Insofar as possible, identifiable (allocable) costs should be requested and justified in the proposal as direct costs, including those for dedicated ongoing project management, facilities, and support.

**Rates:** These rates are maximum allowances. If the organization has lower rates, the lower rates should be used. To the extent that indirect costs are applicable, they are subject to the following limits:

- Up to 10 percent for US universities and other academic institutions.
- Up to 15 percent for non-US academic institutions and all private voluntary and nongovernmental organizations, regardless of locations.
- No indirect costs will be paid to US Government agencies.
- Rates apply to the primary grantee, sub-grantees, and subcontracts that are part of the proposal.

**VI. Proposal Review Criteria:**

Proposals will be reviewed by a proposal evaluation group comprises of evaluation experts, finance representative, health experts. Successful proposals will be selected based on their proposed plans and activities and scored on the following qualities:

1. **Applicant’s capacity for carrying out the project and completing the deliverables (25 points total)**
   a. Experience in terms of strength/knowledge of proposed project team; demonstrated project involvement and support of submitting organization’s leadership; understanding health research particularly health behavior of rural community and experience in working across the sector (15 points)
   b. Readiness and enthusiasm for carrying out the project (10 points)
2. **Project description (45 points total)**
   a. Proposals understanding as to the rationale and objectives expected by the RFP (20 points)
   b. The degree to which the proposed work plan is robust and reasonable to accomplish the objectives and meet deliverables (15 points)
   c. Demonstration of innovation and creativity in the project approach (5 points)
   d. Evidence of collaborations and partnerships with NGOs and government bodies (5 points)

   A. **Clearly described, measurable outcomes related to the impact of the project (30 points)**
      a. Budget (10 points total)
      b. Budget showing each item and its cost (10 points)
      c. Justification for each item listed in the budget (10 points)

   Total points available: 100

VII. **Instructions for responding**

   A. **PATH contacts:**
      Principal Contact: Mr. Srinivasan V, vsrini@path.org
      CC: Mr. Sudip Mahapatra, smahapatra@path.org and Ms. Michelle Desmond, mdesmond@path.org

   B. **Confirmation of interest**
      Please send a statement acknowledging receipt of this solicitation and your intent to respond or not respond no later than April 2, 2014

   C. **Clarification questions**
      All questions regarding this RFP must be provided in writing in English no later than April 3, 2014, to ensure that responses can be provided in a timely manner. These questions should be addressed to Srinivasan at vsrini@path.org

      Answers to all questions will be provided to RFP respondents by April 7, 2014. Please note that responses will not be confidential except in cases in which proprietary information is involved. Inquiries after this date cannot be accommodated.

      Vendors must provide an email contact in order to receive the responses.

   D. **Proposal deadline**
      Proposals, complete in all respects, are due no later than close of business, 1730 hours, April 10, 2014. Each bidder must submit the complete set proposal document electronically at rfpindia@path.org. Files should be sent in commonly recognized MS Word or PDF formats. We will not accept responsibility for resolving technical transmission problems with proposals. In addition, hardcopy of the proposal should be submitted in a sealed envelope which should be addressed to:

      Ms. Sadia Khan, Director Operations
      PATH
      A 9 Qutab Institutional Area
      New Delhi 110067.

      Your proposal should only include information specific to accomplishing the scope of work. Additional information submitted outside of the proposal requirements will be reviewed at PATH’s discretion only. Elaborate materials, artwork, or other information not directly related to the scope of work are not suggested.
E. Conclusion of the process
Applicants will be notified of PATH’s decision of short listed candidates by **April 14, 2014**. Notification of final selection will be by **April 22, 2014**. Final award is subject to other terms and conditions included in this solicitation, as well as successful final negotiations of all applicable terms and conditions affecting this work.

VIII. Terms and conditions of the solicitation

A. Notice of nonbinding solicitation
PATH reserves the right to reject any and all bids received in response to this solicitation, and is in no way bound to accept any proposal. We additionally reserve the right to negotiate the substance of the finalists’ proposals, as well as the option of accepting partial components of a proposal if appropriate.

B. Confidentiality
All information provided as part of this solicitation is considered confidential. In the event that any information is inappropriately released, PATH will seek appropriate remedies as allowed. Proposals, discussions, and all information received in response to this solicitation will be held as strictly confidential, except as otherwise noted.

C. Right to final negotiations
PATH reserves the option to negotiate the final costs and the final scope of work, and also reserves the option to limit or include third parties in such negotiations at PATH’s sole and full discretion.

D. Third-party limitations
PATH does not represent, warrant, or act as an agent for any third party as a result of this solicitation. This solicitation does not authorize any third party to bind or commit PATH in any way without our express written consent.

E. Communication
All communication regarding this solicitation shall be directed to appropriate parties at PATH. Contacting third parties involved in the project, the review panel, or any other party may be considered a conflict of interest, and could result in disqualification of the proposal.

F. Acceptance
Award of a proposal does not imply acceptance of its terms and conditions. PATH reserves the option to negotiate the final terms and conditions.

G. Proposal Validity
Proposals submitted under this request shall be valid for 90 days from the date the proposal is due. The validity period shall be stated in the proposal submitted to PATH.
Annexure 1: **Sample form for budget details by line item.**

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<tr>
<th>Sl. No.</th>
<th>Budget Heads</th>
<th>Basis of Computation</th>
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<tr>
<td></td>
<td><strong>Section I: Personnel</strong></td>
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<td><strong>Subtotal of Travel and Associated Costs</strong></td>
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<td><strong>Subtotal of Other Project Cost</strong></td>
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<td><strong>Indirect Cost (cannot exceed 10%)</strong></td>
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<td><strong>GRAND TOTAL</strong></td>
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*Offers may include additional line items as necessary, and with appropriate justification in the budget notes.*