

REQUEST FOR APPLICATIONS (RFA)
FOR
FAMILY PLANNING & REPRODUCTIVE HEALTH
POLICY & HEALTH SYSTEM LEVEL INTERVENTIONS

| | |
|----------------------------|--|
| Description: | Through this RFA, MSS invites applications from reputed agencies, organizations, institutions and consulting firms (hereinafter referred to as <i>organization</i>) to implement policy and health system level interventions that align with the goals and objectives of the overall FP/RH program. The successful applicant is expected to work within the Public Sector and provide technical assistance to the Provincial DOH and PWD. Through building effective partnerships, the successful applicant will help MSS deliver its commitment of improved availability, quality, and utilization of family planning (FP) services, with an emphasis on long-acting and permanent methods (LAPM) |
| Contracting Entity: | Marie Stopes Society (hereinafter “MSS”) |
| Funded by: | United States Agency for International Development (USAID) |
| Place of Performance: | Sindh, Punjab |
| Release Date: | July 25, 2014 |
| Deadline for Questions: | Aug 12, 2014 |
| Deadline for Applications: | Aug 30, 2014 |

| Application Checklist | |
|------------------------------|--|
| <input type="checkbox"/> | Cover page detailing name, telephone number and e-mail address of the Applicant's point of contact who can clarify the application |
| <input type="checkbox"/> | Organizational capability |
| <input type="checkbox"/> | Personnel - describing staffing pattern and CVs for key personnel |
| <input type="checkbox"/> | Technical proposal |
| <input type="checkbox"/> | Budget in excel format |
| <input type="checkbox"/> | Budget narrative/ justification, clearly describing each item in the budget and how costs were estimated |
| <input type="checkbox"/> | Signed certifications, assurances, and other relevant, required statements |

List of Acronyms

| | |
|--------|--|
| BHUs | Basic Health Unit |
| CMWs | Community Midwives |
| CME | Continuing Medical Education |
| CPR | Contraceptive Prevalence Rate |
| DHO | District Health Officers |
| DoH | Department of Health |
| FHEs | Field Health Educators |
| FP | Family Planning |
| FP/RH | Family Planning / Reproductive Health |
| FWC | Family Welfare Centre |
| GoP | Government of Pakistan |
| GOS | Government of Sindh |
| HSS | Health Systems Strengthening |
| LAPM | Long Acting and Permanent Method |
| LHVs | Lady Health Visitors |
| LHWs | Lady Health Workers |
| M&E | Monitoring and Evaluation |
| MCH | Maternal and Child Health |
| MCPR | Modern Contraceptive Prevalence Rate |
| MDG | Millennium Development Goals |
| MMR | Maternal Mortality Ratio |
| MNCH | Maternal, Newborn and Child Health |
| MSI | Marie Stopes International |
| MSS | Marie Stopes Society |
| MSU | Mobile Service Unit |
| MWRA | Married Women of Reproductive Age |
| NGO | Non-Government Organization |
| OR | Outreach |
| PHDC | Provincial Health Development Center |
| PDHS | Pakistan Demographic and Health Survey |
| PNC | Pakistan Nursing Council |
| PPHI | People's Primary HealthCare Initiative |
| PPIUCD | Postpartum intrauterine contraceptive device |
| PWD | Population Welfare Department |
| RFA | Request for Applications |
| RHCs | Rural Health Centers |
| RTIs | Regional Training Institutes |
| SBA | Skilled Birth Attendance/Attendants |
| SSF | Suraj Social Franchise |
| TBAs | Traditional Birth Attendants |

| | |
|-------|--|
| TFR | Total Fertility Rate |
| ToTs | Training of Trainers |
| USAID | United States Agency for International Development |

INSTRUCTIONS

Applicants interested in submitting an application in response to this RFA must prepare their submissions in accordance with the instructions found in Section K of the solicitation. Failure to provide all required information could lead to the rejection of the submission. In addition to the submission requirements in Section K, applicants should carefully review the following:

1. Section D: to ensure the application describes the technical approach for all activities described in the Program Description;
2. Section K: for detailed guidelines on preparation for application; and
3. Section L: to understand application evaluation indicators/process.

The RFA in no way obligates USAID/Pakistan’s Maternal and Child Health (MCH) Program - Component 1: Family Planning & Reproductive Health (FP/RH) Services Project, to award a grant, nor does it commit FP/RH Services Project to pay any costs incurred by applicant in preparing and submitting the application.

SECTION A: INTRODUCTION

Marie Stopes Society (MSS) is a client-focused social enterprise committed to delivering high quality, affordable Family Planning and Reproductive Health services, adopting a rights-based approach. Registered in 1990, MSS is a subsidiary of Marie Stopes International (MSI), a UK based organization with partners in 41 countries around the globe. MSS’s mission is to become the leading, most effective and enduring contributor towards improving the reproductive health of people in Pakistan. Together with key stakeholders, MSS works towards reduction in maternal mortality and universal access to reproductive health - through expanding and making quality Family Planning and Reproductive Health services accessible to the underserved in Pakistan.

USAID/Pakistan’s MCH Program supports innovative approaches to strengthen the capacity of Pakistan's public and private healthcare sectors to deliver high-impact services that reduce maternal, newborn, and child mortality and morbidity, as well as improve reproductive health outcomes and increase family planning utilization. USAID's MCH Program is comprised of five interconnected and mutually reinforcing components led by national and internationally renowned public health organizations to implement evidence-based interventions.

| Component | Lead Implementing Organization |
|---|--------------------------------|
| Family Planning/Reproductive Health (FP/RH) | Maries Stopes Society |
| Maternal Newborn and Child Health (MNCH) | MCHIP/Jhpiego |
| Health Communication | JHU-CCP |
| Health Commodities and Supply Chain | JSI/Deliver |
| Health Systems Strengthening (HSS) | JSI |

USAID expects the **FP/RH Component** to significantly impact the reproductive health status of women

in Pakistan by:

- Reducing fertility rates and increasing the modern contraceptive prevalence rate (MCPR)
- Integrating FP/RH services with critical elements of maternal healthcare
- Creating sustainable linkages to maintain these health outcomes along the continuum of care

Under USAID/Pakistan's MCH Program, Marie Stopes Society (MSS) leads Component 1: Family Planning/Reproductive Health (FP/RH) that supports the service delivery and integration of FP/RH services in rural Sindh with other maternal and child health interventions in the public and private sectors with a focus on skills transfer, public-private approaches, and sustainability. The component aims to strengthen the delivery of integrated family planning and safe motherhood services with the commitment to serve the poor and marginalized women in Sindh and Punjab, hereby increasing their demand for FP Services and the number of users for modern FP Methods amongst them; reducing the number of unwanted pregnancies; improving birth spacing, reducing maternal and child mortality, better integration of women's and children's health services -- and indirectly contribute toward key areas such as poverty reduction, women's empowerment, and sustainable social development.

The FP/RH Services Component further works collaboratively and synergistically with the four other components of USAID/Pakistan's MCH Program listed in the table above.

During Year 1 of the MCH Program, MSS successfully met and surpassed all of its service delivery targets and now looks to expand its range of interventions in the following years. To capitalize on the momentum achieved, the FP/RH Services Component seeks to issue a sub-award to an organization, institution, or consulting firm to serve as a resource for the public sector to influence policy and reform practices that facilitate integration of FP and MNCH services. The sub awardee shall be involved in policy dialogue at the provincial and federal level to improve the climate for and availability of FP/RH services that are effectively integrated with other MNCH services for a seamless continuum of care.

The selected applicant will specifically focus on health systems strengthening interventions that will ensure sustainability of the MCH Program components. It is expected to propose courses of action for strengthening the system and its performance, identifying both structural components and incentives that are aligned with the goals of the overall FP/EH Program. In doing so, it will work closely with the Punjab and Sindh Department of Health, Population Welfare Department, Health Programs and District Health; develop and introduce policy and health system level interventions that are targeted towards a more robust environment for an accelerated scale-up of family planning services.

To this end, MSS proposes an increased focus on policy and health systems interventions, designed to work synergistically with MSS's current service delivery activities, and the other four components of the MCH Program. Interested organizations, may apply for any or all interventions listed in **Section D: Program Description**. Preference will be given to organizations having the capacity to implement all activities in the scope of work given its cost effectiveness.

SECTION B: BACKGROUND

Pakistan is the sixth most populous country in the world with a rapidly growing population. It is estimated that the population of Pakistan will be close to 300 million by the year 2050, putting enormous strain on the country's resources. The contraceptive prevalence rate (CPR) has stalled in Pakistan, and there has been limited progress towards addressing the unmet need for family planning. This has had an adverse impact on development indicators, particularly for maternal and child health. The public health sector in Pakistan, despite its commitments towards provision of free FP and MNCH services, has not been able to make much progress.

The post 18th amendment devolution of health sector, in 2010, envisaged effective integration of the Department of Health and the Population Welfare Department for offering comprehensive FP/RH services through the existing public health facilities. The provinces were awarded autonomy for developing their health and population welfare policies, with the hope that it would encourage greater ownership and accountability for its implementation. The progress, to date, towards increasing CPR, has been slow and is largely hampered by operational inefficiencies. The PDHS 2012-13 reports Pakistan's current CPR as 35% for all methods and 26% for modern methods. This is indicative of a high unmet need for contraception in Pakistan

During 2000-2009, the Government of Pakistan (GOP) spent \$652 million on family planning, with the support of development partners.¹ This included a large investment in the Lady Health Worker (LHW) Program; supplies, logistics, and management information systems (USAID); social marketing, availability of long-term family planning methods (Kreditanstalt für Wiederaufbau – KfW, the German Development Bank); and capacity development (United Nations Population Fund – UNFPA). Despite these extensive investments made by the government, donors and nonprofit sector, more than 14,733 women still die every year in Pakistan due to pregnancy related complications. Even though the Pakistan Demographic and Health Survey (2012-13) indicates a decline in the total fertility rate (average number of children born per woman of reproductive age) from 5.4 births per woman in 1990 to 3.8 births in 2012, it still remains high when compared to the Millennium Development Goal (MDG) target of 2.1 births per woman.

Pakistan's high unmet need for contraception, low contraceptive prevalence is estimated to affect the lives of 7.5 million women with unmet need. This serves as a major challenge at the program and policy level towards expanding family planning services to an additional 120 million women with unmet need, which is as an expected contribution to the FP2020 goal.²

FAMILY PLANNING AND REPRODUCTIVE HEALTH INTERVENTIONS

Within USAID's MCH Program, the FP/RH Component has the technical lead role for supporting the development, introduction, and scale up of high-quality and high-impact interventions to improve FP/RH care and services. The FP/RH Component works closely with the MNCH Services Component to

¹ Khan AA, Khan A, Javed W et al. Family Planning in Pakistan: Applying What We Have Learned. J Pak Med Assoc 2013;63:S-3-S-10.

² Jain AK, , Mahmood A, Sathar Z A, Masood R, Reducing Unmet Need and Unwanted Childbearing in Pakistan, Studies in Family Planning 2014 45[2]: 277-299

integrate these services with critical elements of health care to improve the health of mothers, newborns, and children, and also to ensure that women are offered contraceptive choices post-delivery.

The FP/RH Component focuses on both supply- and demand-side interventions to enhance availability of FP/RH and safe motherhood services, especially targeting under-served and rural populations. Specifically, improvements in health outcomes are expected to be achieved by supporting the private sector to increase access to family planning and reproductive health services through innovative approaches such as franchising, voucher systems, and community outreach models, while also working with the MNCH Services Component to cultivate linkages with the public sector.

Sustained health improvements are expected to be reinforced through capacity building of communities and local organizations. The FP/RH Component is scaling up innovative and effective community-oriented strategies, while also contributing to the local capacity and leadership for FP/RH services through the application of innovations and best practices.

With this RFA, the FP/RH Component seeks to expand its work to serve as a resource for the public sector to influence policy, practices, and integration of services.

TARGET POPULATION

In addition to its primary target population of Married Women of Reproductive Age (MWRA) in underserved rural and peri-urban communities, MSS has several secondary target groups – one of which is **decision-makers and policy-makers**. This RFA (and resulting sub-award) will aim to liaise and advocate closely with this group of stakeholders to build their commitment and ownership of key FP/RH goals and strengthen FP/RH private public partnerships. MSS defines “decision-makers” and “policy-makers” as district and provincial health authorities, local government officials, and sexual and reproductive health policy-makers and leaders.

CONFRONTING CHALLENGES

The following are key challenges currently hampering effective FP/RH scale up in Pakistan:

- Policy and regulatory constraints around FP/RH service delivery (e.g. restricted role of mid-level providers)
- Lack of political commitment reflected by non-allocation/release of resources for contraceptive commodities
- Huge government infrastructure and health workforce not optimally utilized
- Lack of sustainability/continuity of investments/interventions
- Limited FP skills and capacity of health workforce
- Lack of qualified providers, especially in rural and remote locations
- Absence of engagement strategies for unemployed health workers

SECTION C: OBJECTIVES

One of the key goals of the FP/RH Component is to strengthen the delivery of FP/RH health services for improved health status of vulnerable populations. In order to achieve that goal, there are two key objectives, which are the focus of this RFA (and subsequent sub-award)

OBJECTIVES:

- OBJECTIVE 1: To strengthen policy framework for accelerated scale-up of family planning services
- OBJECTIVE 2: To strengthen health systems for scale-up of FP service provision

SECTION D: PROGRAM DESCRIPTION

MSS seeks to issue a sub-award to strategically strengthen Public Private Partnerships (PPP) to influence the operating environment for FP/RH, including close coordination with the public health authorities to ensure synergy with existing services. The successful applicant will engage in technical discussions, policy dialogue and provide technical inputs to inform FP policy frameworks. The sub-awardee(s) is/are expected to strengthen the existing national-level health fora to keep FP and MNCH issues as priority agenda items. They will further work towards harnessing the power of private sector approaches to strengthen the overall health system and will widely share MSS experience of provision of family planning services through the social franchise network, its quality assurance frameworks, and provider certification mechanisms. MSS expects its sub-awardee to coordinate with the Department of Health (DOH) for the delivery of FP outreach services in identified districts within the public health facilities. Through this sub-award, connections are expected to be strengthened with the LHWs and other community health workers providing additional coverage to populations with unmet need.

MSS expects that active involvement with the public sector will foster a more sustainable approach towards delivering the FP/RH and MNCH services. The successful applicant is expected to build on the existing MOU of MSS with the PWD and DOH and work towards developing a strong relationship with provincial and district level health offices in Sindh and Punjab.

Through this RFA, MSS invites applications from reputed agencies, organizations, institutions and consulting firms to implement the following scope of work with regard to the objectives described in Section C.

SCOPE OF WORK

The selected organization shall contribute in a meaningful way to an environment that fosters broader availability and accessibility of integrated FP and safe motherhood services in Sindh. They will be responsible for undertaking policy and health system level interventions that are expected to complement the overall FP/RH Component of USAID’s MCH Program.

OBJECTIVE 1: To strengthen policy framework for accelerated scale-up of family planning services

Confronting Challenge:

- *Policy and regulatory constraints around FP/RH service delivery*
- *Lack of political commitment reflected by non-allocation/release of resources for contraceptive commodities*

| Anticipated Results | Illustrative Activities | Illustrative Indicators |
|---|--|--|
| Improved availability of data for facilitating evidence based decision making | <ul style="list-style-type: none"> • Identifying barriers to FP Service delivery by the public sector MNCH and LHW programs; • Identifying bottlenecks and best practices to PWD/DOH functional integration; • Studying the cost effectiveness of Family Welfare Centre (FWC); Economic evaluation of FP and MNCH service delivery models, including Mobile Service Units (MSUs) and outreach camps. • Studying causes for high rates of discontinuation • Study profile of implant and other Long Acting and Permanent Method (LAPM) acceptors – proportion of new users vs. those switching methods | Policy reform in place for task sharing for enhanced FP uptake |
| | <ul style="list-style-type: none"> • Using evidence/documenting MNCH pilot to strengthen advocacy with PWD, DOH, and Pakistan Nursing Council (PNC) for enhancing the role of mid-level providers and LHWs for provision of comprehensive FP services | Sindh provincial policy on task shifting for implants in place |
| Policy reform in place for functional | <ul style="list-style-type: none"> • Advocacy/Technical Assistance with DOH and PWD to ensure availability of contraceptives in Public Health Facilities | Sindh provincial strategy for contraceptive security in place |

| | | |
|--|--|---|
| integration of FP/RH services in public health facilities for enhanced FP uptake | <ul style="list-style-type: none"> • Technical Assistance to the DOH for provision of FP/RH services that are integrated with essential MNCH services at the public health facilities | # of Public Health Facilities providing FP services |
| | <ul style="list-style-type: none"> • Technical Assistance to the DOH for developing strategy outlining Continuing Medical Education (CME) requirement for FP service providers | Policy/notification on CME requirement for FP service providers |

OBJECTIVE 2: To strengthen health systems for scale-up of FP service provision

Confronting Challenge:

- *Huge government infrastructure and health workforce not optimally utilized*
- *Lack of sustainability/continuity of investments/interventions*
- *Limited FP skills and capacity of health workforce*
- *Lack of qualified providers, especially in rural and remote locations*
- *Absence of engagement strategies for unemployed health workers*

| Anticipated Results | Illustrative Activities | Illustrative Indicators |
|---|--|---|
| Updated in-service FP curricula for physicians | <ul style="list-style-type: none"> • Technical Assistance for revision of in service FP Curricula for physicians | Policy/protocol for in-service FP trainings for physicians in place |
| Updated pre-service FP curricula for mid-level providers and LHWs | <ul style="list-style-type: none"> • Technical Assistance for revision of pre service FP Curricula • Advocacy for inclusion of revised FP Module in pre service curricula of mid-level providers | Notification by PNC and other national bodies for inclusion of FP Module in place |
| Revitalization of LHW program | <ul style="list-style-type: none"> • Technical Assistance for developing FP capacity building strategy of LHW Program with a focus on strengthening of service delivery and referral mechanism between the LHWs and facility-based services | FP capacity building strategy of LHWs and CMWs in place # of LHWs trained # of clients served by LHWs # of clients referred by LHWs # of new LHWs deployed to |

| | | |
|---|--|--|
| | | uncovered areas |
| Enhanced FP capacity of MNCH Program | <ul style="list-style-type: none"> • Technical Assistance for developing FP capacity building strategy of CMWs • Mapping of unemployed CMWs in intervention districts | # of CMWs trained in FP Skills and Methods # of clients served by CMWs who received PPIUCD # of CMWs employed in intervention areas |
| Enhanced capacity for in-service FP training for mid-level providers, LHWs, and Physicians | <ul style="list-style-type: none"> • Technical assistance to PWD, DOH and MNCH Program in introducing implant services with attention to ensuring adequate clinical competency • Assist PWD and DOH through Regional Training Institutes (RTIs) and Provincial Health Development Center (PHDC) in provision of competency-based training of all staff i.e. of People's Primary HealthCare Initiative (PPHI), Government of Sindh (GOS), private providers, and Non-Government Organization (NGO) partners, in provision of comprehensive FP services TA for PWD and DOH to conduct training needs assessment, management trainee database, and provide ongoing mentoring/supportive supervision | # of mid-level providers trained in implant insertion # of PPHI providers trained in LT FP service provision Percent of PPHI facilities where staff have been trained in FP Skills and Methods |
| Broader availability and accessibility of integrated FP and Safe Motherhood services in Sindh | <ul style="list-style-type: none"> • Technical Assistance to identify uncovered areas for outreach/camps by mapping LHWs, public and private facilities • Develop strategy to access uncovered areas, including geographic targeting and phase-out/exit for outreach camps/MSUs | % of Public Health Facilities providing FP services onsite, including to post-partum and post-abortion care patients |
| Collaborate with MCH program partners to support PWD and DOH to operationalize FP/RH components of Health Care Bill | <ul style="list-style-type: none"> • Technical assistance to the DOH, PWD, PPHI, LHW and MNCH Program managers in developing robust systems for monitoring the quality of FP/RH Service Provision, e.g. through QA or supervision visits of MNCH Centers • Collaborate with the DOH and PWD in developing simple but robust indicators for monitoring the quality of FP services • | Monitoring framework for assessing FP Service quality in place |
| | <ul style="list-style-type: none"> • Provide training in coordination with and through RTIs and PHDCs on infection control, MEM, STI | # of PPHI staff trained on infection control |

| | | |
|--|--|---|
| | | % of PPHI facilities with a minimal set of infection control materials (e.g. working autoclave, gloves, disinfectant, hand-washing station) |
|--|--|---|

TIME FRAME

The proposed interventions are expected to fall under three broad categories:

| Category | Time frame |
|----------------------------|--------------|
| Short Term Interventions | 6months |
| Intermediate Interventions | 12 months |
| Long Term Interventions | 24-36 months |

GEOGRAPHIC LOCATION

Punjab and Sindh

SECTION E: REPORTING AND ON-SITE MONITORING

Reporting: The sub-awardee will submit schedules and reports on all activities described in Section D, including Quarterly Program Performance Monitoring Reports, a quarterly invoice that includes a general ledger of costs incurred during the reporting period, a Final Performance Monitoring Report, and a Final Financial Report. Templates for these reports will be provided by MSS in the sub-award. MSS reserves the right to withhold any payments if the sub-awardee fails to meet any reporting requirements.

On-Site Monitoring: Representatives from MSS will make on-site visits for supervision and monitoring—ensuring compliance to MSS, MSI and USAID regulations—as well as to provide technical support. The organization will make any necessary adjustments based on the findings from the on-site monitoring visits.

SECTION F: SERVICES AND PRICES

1. MSS intends to award the implementation of activities described in Section D: Program Description.
2. The organization must submit complete technical and cost proposals covering each of the two objectives under this RFA. Each proposal may cover multiple activities; however, complete outlines of proposed strategies are required separately for each activity.
3. MSS will finance the program through a sub-award(s) and will provide funding on a rolling 30 day advance basis over the stipulated time period provided that all agreed deliverables and reporting have been submitted and approved by MSS
4. The sub-awardee(s) will ensure that all costs and procedures are fully compliant with USAID regulations.
5. Sub-awardee(s) are also encouraged to acquire funding from other sources to support some costs of operation, and include description of their approach to this in the cost-sharing section of the budget.
6. The budget must not exceed:

| Category | Timeframe | Maximum Budget (USD) |
|--------------------------|---------------|----------------------|
| Short Term Interventions | Up to 6months | 500,000 |

| | | |
|----------------------------|--------------------|----------------------|
| Intermediate Interventions | Up to 12 months | 1,000,000 |
| Long Term Interventions | Up to 24-36 months | 2,000,000 -3,000,000 |

SECTION G: PERFORMANCE

The sub-award(s) under this RFA is expected to be issued in October 2014, and will remain valid for 6, 12, 24 or 36 months. For awards of more than 24 months, there will be a performance assessment after the initial year. Assessment for continuation into the subsequent year or any extension will be based on satisfactory achievement/submission of deliverables, on-site monitoring findings, and field assessments, and will be subject to the availability of funds.

SECTION H: GRANT CLAUSES H.1

Authorized Geographic Code

The authorized source for procurement is Geographic Code 937.

H.2 Applicants’ or Awardees’ Relationship with the Funding Agency

According to the terms of the sub-award given under this RFA, the applicants will have no relationship with USAID. Any approvals, reports, and communication for USAID will be directed through MSS.

SECTION I: ATTACHMENTS

Attachments to this RFA

- Attachment A: Budget Template
- Attachment B: Certifications, Assurances, and Other Statements of the Recipient Template
- Performance Indicators will be shared later

SECTION J: REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF APPLICANTS

All proper certifications should be included in the bid package (see Attachment B).

The organization warrants that it is, and will remain, in compliance with the certifications detailed in Attachment B in order to be eligible for the sub-award. Certain certifications and representations are applicable only for US-based organizations; applicants should fill in “N/A” against these fields.

The organization will require similar (and any additional) certifications from all lower-tier sub-recipients, as applicable by the law, regulation, or policy.

SECTION K: APPLICATION INSTRUCTIONS

Each applicant must provide (1) a technical application that demonstrates its capacity, and (2) a detailed costs application and narrative for each activity. All applications must be in English. The application must include the following components:

1. **Cover Page (maximum 1 page):** Detailing the name, telephone number, and e-mail address of the applicant’s contact person who can clarify the application,
2. **Executive Summary (maximum 2 pages):** A concise summary of the technical proposal,
3. **Organizational Capability (maximum 2 pages):** Detailing the mission objectives, current activities, and previous experience in conducting similar activities as those described in the Program Description,
4. **Personnel (maximum 5 pages):** Describing the staffing pattern of the organization, and CVs of key personnel; each organization will designate one staff member who has a basic understanding of the DOH reporting tools, systems, and indicators, as a Monitoring and Evaluation Coordinator,
5. **Technical Proposal: (maximum 15 pages):** Demonstrating a sound understanding of the Program Description in Section D of this RFA to achieve the overall objective(s) of the sub-award. The Technical Proposal should outline:
 - The technical approach for each if the objectives as outlined in the Program Description,
 - Implementation Timeline or a Gantt Chart (illustrative for 6-12 months), which should also indicate when service delivery in all the proposed facilities will begin,
 - The Management Plan,
 - Successful applicants will be required to provide a “Monitoring and Evaluation Plan that corresponds with the list of indicators that will be shared later. The organizations who receive the award will be expected to set targets during the work planning phase within 30 days of being notified.

Total Maximum Number of Pages for Application Components 1-5: 25 Pages

6. Cost Application:

- **Detailed Budget in Microsoft Excel:** Applicants must follow the budget template provided in Attachment A of the RFA, and must include details of salaries and wages with details of time commitment, fringe benefits, consultants, travel, transportation, per diem allowances, equipment and supplies, training, overhead, and any other direct or indirect costs. Additionally, the direct cost of each activity must be linked with the required indicators. An activity may have more than one indicator. The budget must be detailed enough to allow a complete costs analysis.
 - a) Personnel: Name, title, unit, and level of effort of all positions that will support the project and achieve objectives. Home or regional office support should be separated from in-country support.
 - b) Fringe: Type of benefit and benefit calculation should be provided, including the fringe benefit rate (%).
 - c) Travel: International travel and local travel should be separated. Average cost per trip should be included: mode of transportation (e.g. airfare, bus, etc.) and cost, per-diem cost, miscellaneous cost, and average number of days. A description of the purpose of all proposed travel should be included.
 - d) Equipment: Unit and unit cost.
 - e) Supplies: Unit and unit cost.
 - f) Contractual: Amount by sub-award.

g) Other Direct Costs: Unit costs for areas such as telecommunications, rental equipment, office rent, room rental, printing, utilities, leasehold improvements, insurance, bank charges, repairs and maintenance, courier services, staff training/development, meals-non-travel.

- **Budget Narrative in Microsoft Word:** The supporting information provided by the organization must be detailed enough to allow a complete analysis of each line item cost. Sound financial organizational management that provides sufficient information, essential and necessary for processing payment to the sub awardee(s) working under P4P during the contract period.

Any information on the pages beyond the maximum page limits in the organization’s submission will not be considered. The submission of an application to MSS will indicate the organization’s unconditional agreement to the terms and conditions detailed in this RFA and in any attachments hereto. MSS may issue a sub-award without any discussions with the applicant to revise their application; however, it also reserves the right to hold discussions with the applicant and permit them to revise their applications. MSS also reserves the right to conduct a pre-award assessment prior to making any sub-award.

SECTION L: EVALUATION CRITERIA

Total: **100 points**

- | | |
|---|-----------|
| 1. Organizational capability/capacity | 20 points |
| 2. Qualifications and experience of key personnel | 20 points |
| 3. Technical approach and experience | 35 points |
| 4. Cost efficiency | 25 points |

L.1 Replies to the RFA

Soft and hard copies of the application must be submitted to:

Awards and Contracts Section,
FPRH Project Office, Marie Stopes Society
5th Floor - Clifton Diamond, Block 4 , Scheme V – Clifton
Karachi, Pakistan

Email: fprhpakistan@mariestopespk.org

Form of Application

Hard copies

Applicants shall submit the original application along with two copies, enclosed in separate sealed envelopes and marked clearly as “Original” or “Copy”. All these envelopes shall then be enclosed in a single envelope.

The budget and technical application will be submitted separately in clearly labeled sealed envelopes.

Electronic file

The technical application and budget narrative will be submitted as Microsoft Office Word Documents. The budget template will be submitted as a Microsoft Office Excel spread sheet, following the template provided in Attachment A.

Deadline for Submission of Application

MSS, FP/RH Services Component, must receive all applications no later than 17:00 local Pakistan time, Aug 30, 2014. If the email submissions are received within due date and time, the hard copy submission may arrive within the following two days.

Late Application

Any application received by MSS, FP/RH Services Component, after the deadline for submission may be returned unopened to the applicant.

L. 2 Criteria for Selection

All applications submitted in response to this RFA will be reviewed and ranked by a selection committee on the basis of the selection criteria described above. MSS may contact the top ranked applicant for any further clarifications.

A pre-award technical and financial assessment will be carried out by MSS, the results of which will be used as a criteria for selection.

MSS, may at its discretion, award, one, multiple or no grants under this RFA.

L.3 Validity

All applications must be signed by an authorized official.

L.4 Questions?

Interested applicants may direct any questions about the RFA in writing via email to: fprhpakistan@mariestopespk.org

Questions must be submitted no later than August 12, 2014 at 17:00 local Pakistan time. Written responses will be sent to all applicants.

SECTION M: TERMS AND CONDITIONS

M.1 Negotiations

Preferably, the sub-awards will be issued based on the applications as they are received. However, MSS reserves the right to conduct negotiations and requesting revisions to the application prior to issuing a sub-award.

M.2 Rejection of Applications

MSS reserves the right to reject any applications that are received, and/or to cancel any of the deliverables requested in this RFA.

M.3 Incurring Costs

MSS is not liable for any cost incurred by applicants in connection with the preparation, submission, and delivery of the applications in response to this RFA.

M.4 Acceptance of Conditions

MSS reserves the right to request any additional information from applicants either in writing or verbally. MSS may cancel this RFA at any time until certification of a subcontract. In the event that an agreement cannot be reached with the selected sub-awardee, MSS reserves the right to award an alternate applicant.

M.5 Confidentiality/Ownership

The awardee and its employees will not divulge any of MSS's proprietary information at any time during or after the term of the sub-award either directly or indirectly, to any other entity. The awardee agrees that all such information shall be strictly confidential. Upon cessation of the sub-award—irrespective of the time, manner, or reason of the termination—the awardee will immediately surrender all material and data belonging to FP/RH Services Component. The release of any information obtained through the execution of the sub-award must be explicitly approved in writing by the Chief of party of the FP/RH Services Component, MSS.

M.6 Indemnification

The applicant shall defend MSS on behalf of the FP/RH Services Component, and their officers and agents against any and all claims, demands, causes of action, orders, decrees, or judgments for injury, death, damage to person or property, loss, damage, or liability of any kind (including without limitation liability under any federal, state, or local law), fees and costs (including all costs or settlements and reasonable attorney's fees incurred in defending any claim, demand, or cause of action) occasioned by, growing out of, or arising from (a) the performance of any product or service to be supplied by the Applicant, or (b) by any act, error or omission on the part of the Applicant, its agents, employees, or subcontracts, and or (c) any failure to fully comply with all applicable laws and regulations by the Applicant, its agents, employees, or subcontractors.

M.7 Applicable Laws

Applicant will abide by all applicable federal, state and city laws and regulations and will obtain (or demonstrate current possession of) any and all permits, licenses, certifications or other approvals that may be required.