Request for Proposals

Behavior change intervention on maternal, infant and young child feeding behaviors in East Java, Indonesia

ISSUED BY THE GLOBAL ALLIANCE FOR IMPROVED NUTRITION

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Behavior change intervention on maternal, infant and young child feeding behaviors in East Java, Indonesia

I. SUMMARY OF DEADLINES

<table>
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<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP Issuance:</td>
<td>2 December 2014</td>
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<tr>
<td>Questions for Clarifications Due:</td>
<td>10 December 2014</td>
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<tr>
<td>Clarifications Issued from GAIN:</td>
<td>16 December 2014</td>
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<td>Submission deadline of full proposal:</td>
<td>4 January 2015</td>
</tr>
<tr>
<td>Announcement of Award:</td>
<td>23 January 2015</td>
</tr>
<tr>
<td>Contracting Process completed</td>
<td>23 February 2015</td>
</tr>
</tbody>
</table>

As part of the selection process, GAIN reserves the option to request clarifications regarding bids that substantially qualify. Questions in the technical review are at GAIN’s discretion, and will only be directed to bidders who have submitted substantially responsive bids.

The Final award is subject to other terms and conditions included in this solicitation, as well as successful final negotiation of all applicable terms and conditions related to the awarded contract.

II. PROJECT BACKGROUND

II-a. GAIN

Driven by a vision of a world without malnutrition, the Global Alliance for Improved Nutrition (GAIN) was created in 2002 at a Special Session of the U.N. General Assembly on Children.

GAIN is a Swiss based foundation that mobilizes multi-sector partnerships and provides financial and technical support to deliver nutritious foods to those people most at risk of malnutrition. The organization is delivering improved nutrition to an estimated 820 million people in more than 30 countries, half of whom are women and children. GAIN is promoting a wide range of nutrition programs, including large-scale food fortification and targeted programs reaching out to the most nutritionally vulnerable groups, notably the 1000-day window from conception to 2 years of age, as well as programs integrating Agriculture & Nutrition opportunities to enhance nutritional quality of agricultural commodities and value chains. GAIN’s goal is to reach 1 billion people by 2015 with nutritious foods that have sustainable nutritional impact.

In Indonesia and other focus countries, GAIN works as a catalyst and follows combined market-based and public-channel approaches to achieve impact at scale on malnutrition and micronutrient deficiencies. GAIN strengthens technical capacity, empowers communities, works on just and equitable governance, leverages global resources and facilitates policy and advocacy expertise to end malnutrition. We encourage you to visit our website for more information about GAIN at www.gainhealth.org.
II-b. GAIN’S MATERNAL, INFANT AND YOUNG CHILD NUTRITION (MIYCN) PROGRAM

Through its MIYCN program, GAIN supports market-based approaches and public delivery to develop and implement comprehensive programs across sectors. This includes interventions in the workplace, through the health system, directly at community level and with the private sector to improve the nutritional status of infants and young children, adolescent girls and women of reproductive age, including pregnant and lactating mothers, both to improve nutritional status in their own right as women, as well as prevent low birth weight and prevent stunting of their children.

III. PROJECT BADUTA

III-a. THEORY-OF-CHANGE

Adequate nutrition during the 1000-day window from conception to the 2nd birthday is fundamental to child growth and development, and long-term health and survival. Stunted linear growth, the combined effect of malnutrition, poor health and health care over the 1000-day window is largely irreversible after the age of two years, and predicts lower cognitive/educational, professional achievements, income earnings and socioeconomic status.

Programs and studies seeking to reduce child stunting in poor populations through nutrition interventions have generally found that appropriate infant and young child feeding practices are key, especially exclusive breastfeeding, as well as timely introduction of complementary foods including the availability of and access to nutritious foods and products, although nutrition interventions alone will not be able to reduce stunting sufficiently.

UNICEF’s analytical framework (see figure 1) of causes of malnutrition shows that addressing malnutrition depends on quality and quantity of food, care, as well as child and maternal health care and hygiene. Recent reviews estimated that hand-washing with soap significantly reduces diarrhea morbidity, and number of days with diarrhea is a strong determinant of children’s weight-for-age. Similarly to intestinal infections, respiratory infections and reproductive tract infections have been associated with impaired child growth, including in Indonesia. Programs typically achieve better results when combining MIYCN interventions with hygiene/sanitation and health, as compared to nutrition-only interventions.

Relevant interventions to address the nutritional status of the pregnant and lactating women are also needed. Maternal undernutrition has long been recognized as an important contributing factor to child under-nutrition, but few effective interventions are being put in place. Recent studies and reviews quantified how important this factor is: Small-for-Gestational-Age, a summary indicator of poor maternal nutritional status, accounts for 34% of children’s risk of being stunted.

Figure 1. Analytical framework of causes of malnutrition (adapted from UNICEF)
III-b. MIYCN in Indonesia

Indonesia has a strong national and subnational government commitment to nutrition and to maternal, infant and young child nutrition in particular, and has implemented projects and studies of micronutrient supplements and supplemental foods for more than three decades. Since 2011, the government supports free public distribution of micronutrient powders to poor children in selected poor districts. Improvements in public services (focused on detection and treatment of acute malnutrition) have coincided with declines in wasting, underweight, and post-neonatal infant mortality, and improvement in maternal health over the last 15 years. In contrast, stunting persists at an alarming high prevalence, despite being declared a priority by the Ministry of Health. Child stunting and malnutrition are driven by prenatal factors, notably maternal nutrition and health. Indonesia faces a double burden of persistent stunting and wasting, alongside increasing child obesity.

Research in West Java found that infants’ daily needs for iron, zinc, niacin and calcium cannot be guaranteed from local food sources alone; there is a need to complement the local diet by fortified foods or micronutrient supplements. Market information shows that nutritious complementary foods specially formulated for children and mothers, which are currently available through commercial markets and/or public delivery, are regularly purchased by only a fraction of the target population. While there are notable differences among provinces and districts, overall the nutrition and health situation appears to be similar in East Java and nationwide.

Nation-wide, as of 2010, only 15% of infants 0-5 months were exclusively breastfed, and 41% of all children 6-23 months are fed according to 3 main IYCF principles. Commercial instant formula milks and unhealthy (e.g. deep-fried, cheap) snacks are introduced into the diet too young (45–70% at 4-5 months). The MIYCN food market is dominated by different types of formulated milk (perceived by mothers as a ‘complete food’ that can substitute other foods), with few affordable options for fortified complementary foods. Although nutritious complementary products are available in commercial and wet markets, and their consumption is associated with improved child growth, awareness, demand and uptake by C&D consumer segment remains
low. Similarly, although Indonesia’s markets provide many products specifically formulated for pregnant and lactating women, their price ranges are very high and not affordable for C&D consumers.

III-c OVERVIEW OF PROJECT BADUTA

The BADUTA project (2013-2016) focuses on improving maternal, infant feeding and care practices at the community level; improving the quality of, access to and demand for appropriate food products such as fortified complementary foods and micronutrient powders, strengthening the delivery of nutrition services through the health system and improving access to clean drinking water through the following components:

1. **Behaviour Change**: multi-channel behavior change interventions with key messages regarding recommended infant feeding practices (focusing on exclusive breastfeeding, complementary feeding and healthy snacking) and maternal nutrition\(^1\), using a range of interventions including mass media, community activation and interpersonal communication. It should be noted that messages around hand washing with soap will also be integrated into both the community activation and interpersonal communication.

2. **Health System Strengthening**: strengthening the delivery of nutrition services through the health system including health facilities (puskesmas) and village health posts (posyandu), particularly around maternal and child care and nutrition.

3. **Nutritious Products**: improved availability and appropriate use of affordable high-quality nutritious products including fortified complementary foods and micronutrient powders through the market or through the public delivery system in accordance with Codex guidelines and the International Code of Marketing of Breast-milk Substitutes.

4. **Clean water**: improved access to and demand for clean drinking water through the establishment of a sustainable supply chain of household storage drinking water filters, and community water assessment and education on appropriate household water treatment and safe storage.

The project expects to have impact on the linear growth of children and is designed with a view toward potential for subsequent nation-wide scale-up. It will be subject to an independent impact evaluation.

III-d OVERVIEW OF BEHAVIOUR CHANGE COMPONENT

In Indonesia less than a third of infants are exclusively breastfed at 4 and 5 months and the supplementary feeding of formula milk and some solids often begins in the first months of life (IDHS, 2012, *Formative research - Project Baduta, 2013*). This trend runs counter to evidence that exclusive breastfeeding contains all the nutrients needed for infant growth during the first 6 months of life and plays a critical role in reducing the incidence of diarrhoeal disease and other

\(^1\) Analysis of recent research has not yet been completed but will be prior to the commencement of this contract
infections (Kramer and Kakuma, 2012). The low rates of breastfeeding and high level of formula use in Indonesia has contributed to one out of every three children being stunted (IDHS, 2012), a rate more than double the regional average (UNICEF, 2006). Poor hygiene practices associated with formula milk use (Formative Research, 2013) and the absence of the conferred immunity and nutritional benefits of breast milk, are factors that contribute to 17% of Indonesia’s childhood deaths under the age of 5 being attributed to diarrheal diseases. The Indonesian Government has been attempting to deal with these nutritional challenges for more than 40 years and the nation has long been a ‘test case’ for NGO nutrition improvement programs, but the problem, and its causes, remain.

Proper nutrition during the first 1000 days of life of a child is critical to ensure proper development of a child’s physical and mental growth for the rest of their life. In spite of years of ‘directive’ public service messages (PSM), there has been no significant change in improper infant feeding practices during this phase of life.

Therefore the process of developing a non-traditional PSM campaign aimed at influencing behaviour change in feeding practice amongst mothers/caregivers as well as for maternal nutrition.

In order to address nutrition problem above, it is important to design an effective behavior change communication (BCC) campaign including PSM’s which target newly married women, pregnant mothers, mothers with children under the age of 2 as well as grandmothers with grandchildren under the age of two. For Project Baduta, a BCC campaign, which consists of a mass media component (TVCs) and a community activation component, will be implemented and the effect on behavior changes will be measured and assessed.

If successful at changing behaviour, it has the potential to reduce the mortality and morbidity associated with gastrointestinal and other infections and increase healthy growth and development for participating infants and children. Further to this, positive intervention results will translate to significant economic savings for local families, many of whom spend almost half their income on food and find formula milk to be a significant expenditure (Formative Research, 2013). If successful, the design of intervention could be used for scale up across Indonesia.

Theory behind the Campaign Development
The behavior change campaign is designed to create a sense of social movement within the communities that participate. This idea is drawn from the growing evidence base of work produced by the Environmental Health Group at LSHTM into common motivators or triggers that can help to change people’s behavior. As part of an 11-country review of the behavioral determinants of hygiene (2009) Curtis et al outlined a number of such motivators that appeared to be common across cultures. These motivators, such as disgust, nurture and affiliation, have been applied successfully in trials in India, Zambia and Nepal. In particular affiliation, the desire to belong and be part of a group has been used in all three trials and will underpin the proposed campaign in Indonesia. This campaign will aim to position the target core behaviors as social norms so that individuals believe they ought to breastfeed, for example, because ‘that’s just what everyone does around here’. Furthermore, when behaviors become a social norms
individuals develop a heightened sense that others may be watching them or that they may be the subject should they choose to go against the normal code of behavior.

The use of key influencers (grandmothers, midwives, husbands) and the targeting of motives such as affiliation and social acceptance in a humorous manner, instead of the traditional ‘instruction’ mode, is expected to drive behaviour change through self-introspection of the mothers/caregivers.

Some of key behaviors on infant feeding practice that have been identified are:
1. Reducing use of formula and increase exclusive breastfeeding
2. Increase the diversity of complementary foods, reduce rice-heavy meals
3. Reducing unhealthy snacking just before meals

Key behaviors on Maternal Nutrition will be finalized by end of December 2014.

IV. SCOPE OF WORK

GAIN has, in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), developed an innovative approach to behaviour change communication for IYCN for project Baduta based on extensive formative research and collaboration with a local creative agency. This approach was piloted in Sidoarjo in May-Aug 2014 and is currently being evaluated. Additional formative research for maternal nutrition was undertaken by LSHTM in September 2014 and will be utilized to develop behavior change interventions and messages for maternal nutrition by December 2015. On the basis of this work an overall behavior change campaign is being developed for implementation from early 2015 until late 2016. The behavior change campaign will consist of 3 different types of interventions: Mass media interventions including TV Commercials (TVCs) (with the support of a local creative agency); interpersonal communication through existing health services (with the support of Save the Children); and community level activation and mobilization. GAIN is looking for a partner to implement the behavior change campaign at community level (activation and mobilization).

Objective

To implement the community activation and mobilization activities under the overall behavior change campaign to improve key nutrition related behaviours for women and children under the age of two, with the aim of creating a two-way communication, branded social movement at community level that reinforces key messages and behaviours from the campaign including the TVCs in East Java, Indonesia.

Location

In all 113 villages in the sub-districts of Dampit, Turen and Tumpang in Malang District, and in Tulangan, Wonoayu and Sidoarjo in Sidoarjo district, East Java region. Some background information on the sub-districts can be found in table 1 below.

Table 1: Key characteristics of the areas of intervention
<table>
<thead>
<tr>
<th>Name of Sub-district</th>
<th>Dampit (M)</th>
<th>Turen (M)</th>
<th>Tumpang (M)</th>
<th>Tulangan (S)</th>
<th>Wonoayu (S)</th>
<th>Sidoarjo (S)</th>
<th>Total/Average</th>
</tr>
</thead>
<tbody>
<tr>
<td># villages (1)</td>
<td>12</td>
<td>17</td>
<td>15</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>113</td>
</tr>
<tr>
<td>Total Population (1)</td>
<td>118,395</td>
<td>111,831</td>
<td>74,302</td>
<td>87,568</td>
<td>73,628</td>
<td>194,950</td>
<td>660,674</td>
</tr>
<tr>
<td>Number of females (1)</td>
<td>59,098</td>
<td>55,753</td>
<td>37,139</td>
<td>43,394</td>
<td>37,048</td>
<td>98,669</td>
<td>331,101</td>
</tr>
<tr>
<td>Number of households (1)</td>
<td>33,489</td>
<td>33,797</td>
<td>20,662</td>
<td>23,952</td>
<td>19,908</td>
<td>50,617</td>
<td>182,425</td>
</tr>
<tr>
<td>% of Kelurahan (1)</td>
<td>8</td>
<td>65</td>
<td>40</td>
<td>91</td>
<td>43</td>
<td>100</td>
<td>58</td>
</tr>
<tr>
<td>Number of Puskesmas (1)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Number of Pustu (1)</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Population density (/km2)</td>
<td>909</td>
<td>1,788</td>
<td>1,077</td>
<td>2,997</td>
<td>2,253</td>
<td>9,010</td>
<td>3,006</td>
</tr>
<tr>
<td>% of Active Posyandu (2)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>85.45</td>
<td>73.33</td>
<td>89.94</td>
<td>91</td>
</tr>
<tr>
<td>Average distance village</td>
<td>6.5</td>
<td>4.0</td>
<td>4.7</td>
<td>2.1</td>
<td>2.8</td>
<td>1.6</td>
<td>4</td>
</tr>
</tbody>
</table>
to Puskesmas (km) (1)       |

Source: (1) Podes 2011; (2) Health Profile 2012/13

**Implementation**

Implementation will be delivered through a series of television advertisements as well as a program of community activities that will encourage practice of the target behaviors. Implementation will include ongoing in-depth engagement with community leaders and other community members to ensure support for the project and sustainability of the integrated behavior change activities into existing community groups as well as the initial delivery of the interventions themselves.

The community level behavior change activities will include, but are not limited to “emo-demos” (emotional demonstrations) at key community groups such as arisans or other mothers group meetings, Posyandu activity, Pengajian (Quran recitals), street visit using tablets to show the TVC’s or other information in more attractive way. It should also include the opportunity to use social media, SMS, tap into the TVC’s from television, and look for opportunities to link with the health center IPC. It should also include integration or organization of community–level celebrations of special days (National Nutrition Day, Breast Feeding Week, World Hand washing Day, World Food Day, etc.,

Use of promotional materials developed for the campaign is mandatory. The aim is to ensure that specific behavior change activities (such as emo-demos) are implemented through the existing structures and community based groups, while street visits and other more promotional activities will engage directly with women and caregivers and entice them to attend the existing services (such as posyandu) to get exposed to the specific behavior change interventions happening there.

**Time Frame: February 2015- December 2016**
The anticipated timeframe for this assignment is 23 months including preparation time and timing for phased implementation approach. This includes recruitment, training and deployment of staff at sub-district and community level in a phased approach, six months of direct support in each community for the implementation of behavior change activities such as emo-demos, street visits and more, including both the initial and ongoing engagement at community level, hand-over of the project to the community with six months of support (more remotely) to each communities as well as final reporting. It is expected for the community activities to be sustained by the communities for a minimum of an additional six months hence this time period should be reflected in the timeline. The proposed phased approach should be included in the response to this RFP including timing and likely scenarios for recruitment, training and deployment.

**Proposed management structure:**

The following implementation and project management structure is envisioned by GAIN as outlined in figure 2 and it is expected that the proposal considers this structure although a different structure could be proposed given that a rational for changes are provided.

**Figure 2: Proposed management structure including proposed counterparts at community level.**

![Proposed management structure diagram](image)

*from community but paid (also meant to train some kadres), young, energetic
**Unpaid community owned resource people e.g. from PKK

At community level it is envisioned that a lead facilitator per community is deployed for six months to support with the in-depth engagement and support for implementation of activities, primarily engagement with community leaders and integration of the behavior change activities into existing community based groups. He/she will be supported by a younger and extremely dynamic person (e.g. a demonstrator), potentially already based in the community to function as the demonstrator of the behavior change activities and to directly engage with the target audience during street visits, etc. Neither role is envisioned to be required for more than six months as their main function is to mobilize the communities while ensuring community ownership.
More long term support and engagement is planned to be provided by a cadre of sub-district officers, based in the sub-districts who will oversee and provide ongoing and in depth support, initially to the lead facilitator and subsequently directly to the communities. These officers will have overall responsibility for the oversight and implementation of activities, in approximately 10-12 communities each, as well as engagement with the local government officials at sub-district level.

The Project Manager will have overall responsibility for the delivery of the activities and the engagement with the relevant district and regional government officials as well as with relevant staff from GAIN and partners, including Save the Children (health system strengthening including interpersonal communication) and Nazava (safe water). It is expected that the Project Manager will be supported by a Social Behavior Change Specialist who will ensure that the campaign ideas, messages and specific behavior change activities are correctly interpreted and implemented at all levels, as well as by relevant administrative and support staff, all based at a regional level.

**Key considerations for the implementation of the community based activities (Based on observation during the pilot):**

**DESIGN:** the activities have been specifically designed based on the LSHTM’s behavior change theory. Correct and quality implementation is essential and hence the implementation should stick to a prepared script so that evaluators will be able to assess the design impact. On the other hand, it should allow for course correction during the implementation where BCC specialists (both from Implementing Partner and GAIN) will be responsible to monitor whether interventions will lead to expected impact.

**IMPLEMENTATION:** the behavior change activities, including associated materials (developed by GAIN and procured by the implementing party through a separate contract) should be implemented/utilized as planned except in situations where adaptation is required to ensure that behavior changes of the target audience is achieved. *This requires continual monitoring by the project manager and SBCC specialist of the specific behavior change activities throughout the 12 months of support.*

**PHASED SCALING UP:** *the approach to implementation should consider phased approached to scale up, including cost efficiency and replication across districts and regions.* This includes maximum utilization of the planned mass media interventions including TVCs (e.g. referring to expected showing of the TVCs on regional TV stations in accordance with airing schedule, showcasing of youtube videos during appropriate community based meetings and street visits and communication regarding progress of the project in various communities using social media such as Facebook). It should be noted that costs related to the production and procurement of appropriate materials need not be considered in this proposal.

**SUSTAINABILITY:** The implementation of the behavior change activities and the engagement with communities should be made with the aim of sustaining the implementation of the behavior change activities for 18 months and beyond, where access to materials such as (website) or social media of Baduta platform is still available. While direct support will be only provided for the communities for part of that time (six months) and more distant support or indirect support (by the sub-district officers) for an additional six months. *Therefore, the integration of new activities into existing community-based groups and DHO activities is essential, as is the strong engagement with community leaders from the very beginning as well as throughout the project.*
EVALUATION:
The Implementation timelines should align with the design of the impact evaluation and the different measurement points over time

Additional considerations include:
- Behavior change activities should directly target about-to-be-married and newly married women, pregnant mothers, mothers with children under 2 and grandmothers while others such as fathers or women with older children may be indirectly targeted. Further detail will be provided to the successful bidder.
- Implementation of community based activities should capitalize on existing social structures.
- The implementation of the activities should be conducted in dynamic, exciting and fun way.
- The implementation of the behavior change activities are not just supplementary to the mass media activities (such as the TVCs) and the inter-personal communication but forms a major part of the behavior change campaign. However, activities should continually refer to and complement the other elements of the campaign.
- Implementers should develop strong relationships with key community stakeholders and foster social mobilization of the entire community.

Pre-determined principles of intervention design:
- Activation campaign should be able to achieve some level of behaviour change during the 6 months of direct support period.
- Activation campaign should be implemented so that it can be sustained at a local level with minimal support.
- Activation campaign should be affordable and within GAIN’s budget for the direct support as well as for indirect support.
- Activation campaign should be able to be delivered with a small number of staff who are employed for a short period only to reduce the overall costs.
- Activation campaign pilot should be implemented in such a way that it could be scaled to the whole of East Java or Nationally.

Example of emo-demo: Theory of Change Analysis for mother group meeting and associated materials (Membership cards) and activities

- **Intended Intervention and activities:** Membership cards would be distributed which feature two pledges, to arisan attendees and be stamped on each meeting so that they could keep a record of their progress.

- **Hypothesised Output or Purpose:** The cards, would support sustained behaviour change by helping mothers break down their behaviour change goals into more achievable time periods. They would also be used to prompt sharing and feedback from mothers during the arisan sessions.

- **Hypothesised Outcome:** In order to get a stamp mothers would have to share their experiences in trying to adopt the target behaviours and as necessary, other members would make
recommendations resulting in the desired behaviours. The stamps will be a semi-formal recognition of a mother’s efforts and the social sharing would make it embarrassing to miss a stamp due to poor adherence.

- **Possible Risk of Actual implementation:** Delay in printing the cards so mothers did not receive them until the several meetings – mean that they failed to become an integral part of meeting and behavior change process. Mothers doesn’t understand the point of the cards because of unclear explanation by facilitator in beginning of implementation, Mothers didn’t value them so they lost them or forgot to bring them to meetings. Facilitators tended to only stamp the attendance section of the cards. There was no focus on sharing experiences and little discussion of the pledges. Interpersonal interaction around the membership cards did not happen and therefore the cards had little or no impact.

V. **EXPECTED OUTPUTS & DELIVERABLES**

**Expected Outputs:**

1. All 113 target villages covered for a minimum of 12 months
2. Progress on social movement/mobilization toward behavior change on targeted messages in all targeted villages showed by agreed indicators
3. Participation of the target group reached the agreed target indicators
4. Activities in all 113 villages handed over to local communities

**Proposed Deliverables:**

- Detailed implementation plan (3 weeks after signing the contract) and M&E Plan,
- Quarterly Program/Technical report of details of activities implemented and indicator report
- Quarterly Financial report of the activities implemented under the agreement
- Documentation and publication on Behavior change intervention on maternal, infant and young child feeding behavior in East Java, Indonesia (in Bahasa Indonesia and English)

VI. **TOTAL BUDGET**

Total budget for implementation should cover all items mentioned in section VII.C. Please note that budget to cover the cost of IEC materials and tools should also be submitted in detail to be evaluated (especially to assess the variety of materials and tools offered by candidates for the intervention) but it will be a separate bid.

Please note that all taxes must be INCLUDED in this total budget.

VII. **INSTRUCTIONS FOR RESPONDING**

This section addresses the process for responding to this solicitation. Respondents are encouraged to review this prior to completing their responses.

A. **Fact-finding and Inquiries**
Please direct all inquiries and other communications to GAINIndonesia@gainhealth.org by 24 November 2014. Responses will not be confidential except in cases where proprietary information is involved.

B. Language

We require all proposals and communications to be in English.

C. Proposal

Interested organization should submit proposal consisting of three items:

1. Technical Proposal, consisting of executive summary, contents page, project background, methodology, activities and monitoring & evaluation to be conducted including a Gantt chart with the estimated timelines. Please refer to Scope of Work and Evaluation Criteria. Further information to back up this proposal can be included as annexes (Please mark: Technical Proposal)

2. Budget Proposal, consisting of the detailed budget needed to implement the activities based on the assignment of this project. Budget should include itemized costs for key elements of the assignment as follows:
   - Rates of key staff and percentage participation in total level of effort for key staff.
   - Estimated schedule of other anticipated expenses (travel, sub-contracted resources, supplies, outside resources, etc.).
   - Itemization of all other costs, e.g., agency costs, agency fees, administrative costs, etc.
   - Preparation of reports and required documentation.
   - The fees shall be quoted as a fixed sum inclusive of all applicable taxes and/or institutional overhead.

3. Annex should contain the following information:
   - Profile of relevant organization qualifications.
   - Profile of relevant experience and examples of related work.
   - Experience in implementing community based interventions is strongly desired.
   - Qualifications of key members of the proposed project team (Please attach CVs and provide details of back up/standby teams).
   - Years in business.
   - If your organization has more than one location, please distinguish these qualifications for the site that is responding.

D. Submission and Deadline

Originals should be submitted as follows:

One bound, hard signed copy of the proposal (A4 paper size, Arial font, 12 point, double spaced) and an electronic copy burned into a CD containing the documents in MS Word, along with all the required information including the budget should reach the address mentioned below:
Completed proposals should be submitted to GAIN to the contact above before 6:00 p.m. West Indonesia Time (GMT+7) on 4 January 2015. Hard copies of the proposal may be postmarked on the due date, providing that an e-mail of the full proposal is submitted by the deadline to GAINIndonesia@gainhealth.org.

E. Unacceptable

The following proposals will not be considered or accepted:

- Proposals that are received after the proposal closing time at the specified receiving office.
- Proposals received by fax.
- Incomplete proposals.
- Proposals that are not signed.

F. Revisions

Proposals may be revised by electronic mail confirmed by hard copy provided such revision(s) are received before the Proposal Closing Time.

G. Acceptance

GAIN will not necessarily accept the lowest cost or any of the Proposals submitted. Accordingly, eligibility requirements, evaluation criteria and mandatory requirements shall govern.

H. Completion

- Proposals must be submitted on official letterhead of the lead organization or firm and must be signed by a principal or authorizing signatory of the lead firm or organization.
- In case of errors in calculating overall costs, the unit costs will govern.
- It is the applicant's responsibility to understand the requirements and instructions specified by GAIN. In the event that clarification is necessary, applicants are advised to contact the Requesting Office (see above), prior to making their submission.
- While GAIN has used considerable efforts to ensure an accurate representation in this Request for Proposal (RFP), the information contained in this RFP is supplied solely as a guideline. The information is not warranted to be accurate by GAIN. Nothing in this RFP is intended to relieve applicants from forming their own opinions and conclusions with respect to the matters addressed in this RFP.
- By responding to this RFP, the applicant confirms his/her understanding that failing to comply with any of the RFP conditions may result in the disqualification of their submission.
- GAIN reserves the right to reject any or all submissions or to cancel or withdraw this RFP for any reason and at its sole discretion without incurring any cost or liability for costs or damages incurred by any applicant, including, without limitation, any expenses incurred in the preparation of the submission. The applicant acknowledges and agrees that GAIN will
not indemnify the applicant for any costs, expenses, payments or damages directly or
indirectly linked to the preparation of the submission.

I. References

GAIN reserves the right, before awarding the proposal, to require the applicant to submit such
evidence of qualifications as it may deem necessary, and will consider evidence concerning the
financial, technical and other qualifications and abilities of the applicant.

VIII. TERMS AND CONDITIONS OF THIS SOLICITATION

A. Notice of Non-binding Solicitation

GAIN 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. GAIN 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, GAIN 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 on the Proposal

GAIN reserves the right to negotiate on the final costs, and the final scope of work, and also
reserves the right to limit or include third parties at GAIN’s sole and full discretion in such
negotiations.

D. Evaluation Criteria

Proposals will be reviewed by a special review committee. The following outlines the evaluation
criteria scoring system against which proposals will be assessed.

<table>
<thead>
<tr>
<th>Evaluation Criteria Scoring System as per RFP</th>
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<tbody>
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E. Expectations of Applicants

The successful team of applicants will:

1. Work closely with representatives from GAIN and its partners. A lead contact will be designated for the purposes of regular communication and monitoring of deliverables and to ensure that the translation of the behavior change design including the implementation of behavior change activities is aligned with the overall behavior change strategy.

2. Meet with representatives from GAIN shortly after the contract is awarded, following which a revised work plan (provided any revisions are required to the work plan that was submitted) will be developed detailing the objectives, deliverables, timelines and budget for each of the parts outlined in the scope of work (see Section II);
3. Be prepared to meet with GAIN on a regular basis, undertake joint reviews both planned and at the request of GAIN;
4. Submit deliverables and reports according to the agreed upon schedule in the revised work plan.

F. Review Process

The review process will involve a review panel with participants selected by GAIN.

G. Limitations with regard to third parties

GAIN does not represent, warrant, or act as agent for any third party as a result of this solicitation. This solicitation does not authorize any third party to bind or commit GAIN in any way without GAIN’s express written consent.

H. Communication

All communication regarding this solicitation shall be directed to appropriate parties at GAIN. 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.

I. Final Acceptance

Award of a proposal does not imply acceptance of its terms and conditions. GAIN reserves the right to negotiate on the final terms and conditions and an agreement will have to be agreed by GAIN and the applicant.

J. Validity Period

The Offer of Services will remain valid for a period of 60 days after the proposal closing date. In the event of award, you will be expected to enter into an agreement, subject to the terms and conditions of the GAIN contract.

K. Intellectual Property

Subject to the terms of the agreement to be concluded between GAIN and the applicant, the ownership of the intellectual property, including technical information, know-how, copyrights, models, drawings, and specifications developed by the applicant in performance of the Project shall vest with GAIN.

However, GAIN will grant a perpetual, non-exclusive, royalty-free license to the applicant to use any intellectual property developed as part of the Scope of Work but solely for non-commercial purposes.

IX. OFFER OF SERVICES
1. Offer submitted by: __________________________________________
   __________________________________________
   __________________________________________
   (Print or Type Business, Corporate Name and Address)

2. I (We) the undersigned hereby offer to GAIN, to furnish all necessary expertise, supervision, materials, and other things necessary to complete to the entire satisfaction of the Executive Director or authorized representative, the work as described in the Request for Proposal according to the terms and conditions of GAIN for the following prices:

   2.1 TOTAL PRICE FOR THE CONSULTANCY
   $_____________________

   2.2 TOTAL SERVICE TAX AMOUNT
   $_____________________

   2.3 TOTAL CONTRACT PRICE (2.1 plus 2.2)
   $_____________________

3. I (We) agree that the Offer of Services will remain valid for a period of thirty (30) calendar days after the date of its receipt by GAIN.

4. Progress payment of up to 90% of the order will be issued. GAIN reserves the right to negotiate an acceptable payment schedule. A holdback of 10% will be released upon successful completion by the due date.

5. I (We) herewith submit the following:
   (a) A Proposal to undertake the work, in accordance with GAIN requirements specified;
   (b) A duly completed Offer of Services, subject to the terms herein.
OFFERS WHICH DO NOT CONTAIN THE ABOVE MENTIONED DOCUMENTATION OR
DEViate FROM, THE PRESCRIBED COSTING FORMAT MAY BE CONSIDERED
INCOMPLETE AND NON-RESPONSIVE.

Dated this day of ________________ 2014, at ________________
in the Province of ______________________

_________________________________________ Title
Witness                                      Signature (Applicant)

_________________________________________ Title
Witness                                      Signature (Applicant)
X. TERMS OF PAYMENT

A. Basis of Payment

All Work to be performed to be complete satisfaction of the Executive Director, GAIN or designated representative, prior to payment of invoice.

Subject to the Applicant providing the Results as outlined in the Terms of Reference, GAIN shall make the following payments:

Professional Services and Associated Costs

<table>
<thead>
<tr>
<th>Contract Amount</th>
<th>$_________________</th>
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</thead>
<tbody>
<tr>
<td>Service Tax</td>
<td>$_________________</td>
</tr>
<tr>
<td>Total Contract Amount</td>
<td>$_________________</td>
</tr>
</tbody>
</table>

B. Method of Payment

Payments for services rendered to the satisfaction of the Executive Director will be made with the submission of invoices on a progress billing scheme. Progress billings shall be submitted based on the agreed payment schedule and in a manner consistent with progress reports for up to 90% upon completion of the project. A holdback of 10% shall be released upon 45 days after successful completion determined and in conjunction with receipt of the deliverables on the specified completion date.

C. Invoicing Instructions

Invoices are to be submitted in duplicate (2), quoting the Project Name, to the following address:

Global Alliance for Improved Nutrition – Indonesia
Menara Palma Lt. 5 Unit 502-B
Jl. HR Rasuna Said Kav. 6 Blok X-2
Jakarta 12950, Indonesia

Invoices should also be sent to GAINIndonesia@gainhealth.org.

D. Payment by GAIN

(A) Applicable when PROGRESS PAYMENTS are specified.

1. Payment by GAIN to the Applicant for the Work shall be made:

a. in the case of a progress payment other than the final payment, within thirty (30) days following the date of a duly completed progress claim, or

b. in the case of a final payment, within thirty (30) days following the date of receipt of a duly completed final progress claim, or within thirty (30) days following the date on which the Work is completed at GAIN’s full satisfaction, whichever is the later.
2. If GAIN has any objection to the form of the progress claim, within fifteen (15) days of its receipt, GAIN shall notify the Consultant of the nature of the objection. "Form of the Claim" means a claim, which contains or is accompanied by such substantiating documentation, as GAIN requires. Failure by GAIN to act within fifteen (15) days will only result in the date specified in paragraph 1 of this clause to apply for the sole purpose of calculating interest on overdue accounts.

E. Scope of Change

No increase in the total liability of GAIN or in the price of the Work resulting from any change, modification or interpretation of the documents will be authorized or paid to the Applicant unless such change, modification or interpretation has received the express prior written approval of GAIN.