

REQUEST FOR PROPOSALS

COVERAGE SURVEY OF FORTIFIED FOODS IN TWO STATES (MADHYA PRADESH AND TAMIL NADU)

Issued by
The Global Alliance for Improved Nutrition (GAIN)

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I. PROJECT BACKGROUND AND SCOPE OF WORK

1. ABOUT GAIN

The Global Alliance for Improved Nutrition (GAIN) is a Swiss-based foundation launched at the UN in 2002 to tackle the human suffering caused by malnutrition. Working with both governments and businesses, we aim to transform food systems so that they deliver more nutritious food for all people.

At GAIN, we believe that everyone in the world should have access to nutritious and safe food. We work to understand and deliver specific solutions to the daily challenge of food insecurity faced by poor people. By understanding that there is no “one-size-fits-all” model, we develop alliances and build tailored programmes, using a variety of flexible models and approaches.

We build alliances between governments, local and global businesses, and civil society to deliver sustainable improvements at scale. We are part of a global network of partners working together to create sustainable solutions to malnutrition. Through alliances, we provide technical, financial and policy support to key participants in the food system. We use specific learning, evidence of impact, and results of projects and programmes to shape and influence the actions of others.

Headquartered in Geneva, Switzerland, GAIN has representative offices in Denmark, The Netherlands, the United Kingdom, and the United States. In addition, we have country offices in Bangladesh, Ethiopia, India, Indonesia, Kenya, Mozambique, Nigeria, Pakistan, and Tanzania. Programmes and projects are carried out in a variety of other countries, particularly in Africa and Asia.

2. BACKGROUND

The Global Alliance for Improved Nutrition (GAIN) is issuing this Request for Proposals (RFP) and will be the administrative lead organisation for this RFP.

The purpose of this RFP is to engage services of a Service Provider to design and conduct a coverage survey of fortified foods in two states in India.

2.1. LARGE-SCALE FOOD FORTIFICATION IN INDIA

Micronutrient malnutrition is rampant across different age groups in the country. A recent national level Comprehensive National Nutrition Survey (CNNS) (2016-18) indicates that 86% girls and 79% boys aged 0 - 19 years have at least one of the six micronutrient deficiencies assessed under survey (iron, folate, vitamin B12, vitamin D, vitamin A and zinc). Over 50% of the girls suffered from two of six micronutrient deficiencies assessed with Vitamin D deficiency being the most common among adolescent girls.

Vitamin A deficiency (VAD) is a major public health problem, as per the National Nutrition Monitoring Bureau (NNMB) 2006 survey, 62% of under five children in India have low serum retinol levels. Similarly, 57% women (15-49 years) and 67% children (6-59 months) are anemic (NFHS-5). Nearly one-quarter (23%) of pre-school children, 28% of school aged children and 37% of adolescents had folate deficiency. Deficiency of Vitamin B12 and Vitamin D is found to be at 31% and 24% among adolescents, respectively (CNNS 2016-18). COVID-19 has further exposed the vulnerabilities of our public health system to address the challenge of micronutrient malnutrition. Micronutrient deficiencies can be prevented if optimal quantities of micronutrients are consumed by populations on a regular basis.

Considering the high prevalence of micronutrient malnutrition in the country, the Food Safety and Standards Authority of India (FSSAI) established standards for fortification of five staple foods; namely rice, wheat flour, edible oil, milk, and double fortified salt (DFS) in October 2016. Food fortification has been instrumental in

lowering the incidence of micronutrient deficiencies amongst all population groups across the globe. Food fortification is recognized both by the WHO as well as the National Nutrition Mission (POSHAN Abhiyaan).

Fortification of staple foods is a complementary strategy to bridge the existing gap in the diet for essential micronutrients at the population level. Since 2011, GAIN has played an instrumental role in scaling up fortification in the country. Currently an estimated 8.1 million metric tons (MMT) of edible oil is being fortified in the country, translating into a reach of 901 million people (GAIN's internal monitoring data). Furthermore, 809,861 litres of fortified milk is produced per day, reaching 24,049,305 beneficiaries and 386,812 MT of wheat flour is fortified under safety net programs (on annualized basis), reaching 27,470,242 as reported by the relevant state departments of food & civil supplies. In addition, 24,005 MT fortified wheat flour (on annual basis) is being produced and sold in the open market through commercial channels and reaches an estimated 328,836 people.

Despite this considerable tonnage of key fortified staples (especially oil), to date, there has been no exhaustive study to examine the availability of fortified staple foods at household level and their contribution to overall nutritional intake thereof. Only one assessment was carried out in Rajasthan to understand the coverage of fortified staples in the state. Findings of the study revealed that 6% of fortified wheat flour, 24% fortified edible oil and 85% fortified salt were available at HH level¹.

GAIN has been supporting large-scale food fortification in the states of Madhya Pradesh since 2011 and Tamil Nadu since 2017. As part of ongoing work to scale-up the fortification efforts, with a particular focus on oil fortification, GAIN is commissioning a coverage survey of fortified foods in these two states to identify barriers and enablers to coverage of fortified foods, which can be used to inform program improvement needs in the two selected states as well as nationally.

3. SCOPE OF WORK AND DELIVERABLES

3.1. OBJECTIVES

The main objective of the survey is to determine the household coverage of fortified oil, milk, wheat flour, and salt and their potential contribution to micronutrient intakes among different population groups in Madhya Pradesh and Tamil Nadu in India.

The survey population groups will include adult men (18 to 49 years), women of reproductive age (15 to 49 years), early adolescents (10 to 13 years), and children (less than 5 years). The survey is cross-sectional and designed to be representative at the state level.

The specific objectives are to:

1. assess the proportion of households that consume oil, milk, wheat flour and salt (in any form), fortifiable form of these food vehicles and the proportion of households that consume the fortified food vehicle
2. estimate the amounts of fortifiable oil, milk, wheat flour, and salt consumed daily by different population groups
3. estimate the potential and/or measured contribution of fortified oil, milk, wheat flour, and salt to the intakes of selected nutrients (i.e., vitamins A and D in oil, vitamins A and D in milk, iron in wheat flour, and iodine in salt) among different population groups
4. measure levels of awareness about fortified foods and their benefits among households.

¹ Aaron GJ, Sodani PR, Sankar R, Fairhurst J, Siling K, Guevarra E, et al. (2016) Household Coverage of Fortified Staple Food Commodities in Rajasthan, India. PLoS ONE 11(10): e0163176. doi:10.1371/journal.pone.0163176

5. evaluate indicators that may be predictive of inadequate micronutrient intake and determine their association with the consumption of fortified foods. These indicators are:
 - a. risk of poverty,
 - b. economic status,
 - c. dietary diversity,
 - d. infant and child feeding practices, and
 - e. household food security.

The Service Provider should propose the methods for the survey of the above-mentioned objectives based on their expertise, but it will be expected to include primary data collection in the two states and use standardized methods and indicators from the Fortification Assessment Coverage Toolkit (FACT)². Food sample collection and analysis is not required. Instead, secondary data on fortification quality (i.e., fortification status (yes or no) and average fortification content) by food brand and/or type from market assessments in each state will be provided to the Service Provider for selected foods (i.e., oil in both MP and Tamil Nadu, and salt in MP) to inform the nutritional value of fortified foods.

3.2. SCOPE OF WORK

The successful applicant shall provide the following services:

- Develop a study protocol, including background, detailed methodology and justification (including sampling plan and sample size calculation), data analysis plan, and data collection tools, for review and approval by GAIN.
- Apply for and obtain relevant access and data collection permissions as appropriate, e.g., ethical committees, government.
- Develop the sampling framework in close collaboration with GAIN and, where appropriate, the National Bureau of Statistics (or similar agency).
- Adapt and translate data collection tools (e.g., protocols, questionnaires) to the local context and translate into the local language then back translate into English. Develop and translate supporting instruments (e.g., field guides, maps) to facilitate field work.
- Recruit and train supervisors and enumerators who will carry out the survey. Provide training in collaboration with GAIN covering all areas of the data collection and entry process (e.g., selection of households, interview procedures, questionnaire piloting, data entry and database management, etc.). Input on training agenda and operational plans for field work will be required.
- Pre-test and pilot test all data collection tools (e.g., questionnaires) then revise as needed in consultation with GAIN.
- Carry out all aspects of data collection, quality assurance, and data entry, cleaning, management, and analyses. Provide regular progress updates to GAIN throughout the duration of the field work.
- For all primary data collected, provide GAIN with raw and clean datasets, accompanying codebooks, and syntax and output of all data analyses. If quantitative data are collected, data documentation must be provided using Nesstar³.
- Develop final report outline for review and approval by GAIN.
- Draft full report, including background, methods, data collection activities, results, conclusions and recommendations.

² <https://www.gainhealth.org/resources/reports-and-publications/fortification-assessment-coverage-toolkit-fact>

³ A free editor developed in conjunction with the Norwegian Centre for Research Data (NSD)
<http://www.nesstar.com/software/publisher.html>

- Revise and finalize reports based on inputs from GAIN.

3.3. DELIVERABLES AND TIMELINE

The timeline for completion of all aspects of the Scope of Work and submission of deliverables is outlined in the following table:

DELIVERABLE	DEADLINE
Deadline to submit any questions	31 May 2022
Proposal submission deadline	7 June 2022
Final response regarding selection of Service Provider	28 June 2022
Contracting process initiated	15 July 2022
Study protocol and data collection tools submitted and approved by GAIN	30 September 2022
Approvals obtained (e.g., ethical committees, government)	31 October 2022
Data collection completed and field progress report submitted	30 April 2023
Workshop with GAIN on results and recommendations	30 June 2023
Final report and dataset and documentation submitted	30 July 2023

II. INSTRUCTIONS FOR RESPONDING

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

1. CONTACT

Please direct all inquiries and other communications to rsareen@gainhealth.org. Responses will not be confidential except in cases where proprietary information is involved.

2. BUDGET

Applicants are required to provide GAIN with a detailed budget in INR, including fees/travel/accommodation and any other direct costs to be incurred in the delivery of the Scope of Work. Include a brief narrative justification for line items included. The budget must be inclusive of all indirect costs. The final budget amount will have to be approved by GAIN prior to starting the project.

3. FORMAT FOR PROPOSAL

- Technical proposal outlining the research objectives, methods, detailed workplan along with timelines.
- Financial proposal outlining the budget details.
- Presentation summarizing the work to be undertaken to meet the project objectives (preferably not more than 12 slides)

4. SUBMISSION

Along with the proposal, applicants shall share a note on:

- Qualifications, roles and responsibilities of proposed team members required to implement the project.
- Ethical committee or board of the organization, to be approached for the ethical clearance and mention the probable time taken to take the ethical approval
- Organizational experience of handling similar projects in past

Originals should be submitted as follows:

Electronic copy containing the documents preferably in MS Word along with all the required information including the fee proposal should reach GAIN at the address mentioned below:

rsareen@gainhealth.org

5. DEADLINE

Completed proposals must be submitted by **5:00 pm IST on 7th June 2022**.

6. UNACCEPTABLE

The following proposals will automatically not be considered or accepted:

- Proposals that are received after the RFP deadline at the specified receiving office.
- Proposals received by fax or post.
- Incomplete proposals.
- Proposals that are not signed.

7. REVISIONS

Proposals may be revised by electronic mail provided such revision(s) are received before the deadline.

8. 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. **The organization must have an active Foreign Contribution (Regulation) Act, 2010 certification.**

9. COMPLETION

- Proposals must be submitted on official letterhead of the lead organisation or firm and must be signed by a principal or authorising signatory of the lead firm or organisation.
- 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 GAIN at rsareen@gainhealth.org prior to making their submission.
- While GAIN has used considerable efforts to ensure an accurate representation in this 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 its understanding that failing to comply with any of the RFP conditions may result in the disqualification of their submission.

10. RIGHTS OF REJECTION

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.

11. 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.

12. RELEASE OF INFORMATION

After awarding the Proposal and upon written request to GAIN, only the following information will be released:

- Name of the successful applicant.
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III. TERMS AND CONDITIONS OF THIS SOLICITATION

13. 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 reserves the right to negotiate the substance of the successful applicants' proposals, as well as the option of accepting partial components of a proposal if deemed appropriate.

14. 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.

15. RIGHT TO FINAL NEGOTIATIONS ON THE PROPOSAL

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

16. EVALUATION CRITERIA

Proposals will be reviewed by the Selection Team. The following indicate a list of the significant criteria against which proposals will be assessed. This list is not exhaustive or 100% inclusive and is provided to enhance the applicants' ability to respond with substance.

Applicants are required to submit the following information, conforming to the guidelines given in this section:

- Understanding of the scope of work:
 - Proposal shall demonstrate a clear understanding of the project objective and deliverables as outlined in Section I.
- Demonstrate a clear understanding of the technical requirements of this RFP:
 - Providing detailed technical documentation of the proposed strategy.
- The creative and methodological approaches required to implement each of the parts of the scope of work.
- Comprehensiveness of work plan and reasonableness of proposed time frame:
 - Proposal shall include a feasible work plan to ensure successful completion of deliverables.
 - The work plan details how activities will be coordinated.
- Detailed budget and cost-effectiveness of proposed approach:
 - Evidence of cost-effective approaches to undertaking the scope of work within the proposed budget.
 - Proposal shall identify possible challenges and include creative approaches to addressing them.
- Management and personnel plan:
 - The team members working on this project shall have the relevant qualifications and overall experience required to successfully implement the project.
 - Roles and responsibilities of each team member shall be clearly defined. GAIN shall have one main contact person clearly identified in the proposal.
- A duly completed offer of services (see section IV).

GAIN reserves the right to contact the individuals and contractor(s) in order to verify the information provided as part of the Proposal.

17. REVIEW PROCESS

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

18. 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.

19. COMMUNICATION

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

20. 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 including the costs and the scope of work when negotiating the final contract to be agreed between GAIN and the applicant.

21. 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, the successful applicant will be expected to enter into a contract subject to GAIN's terms and conditions.

22. INTELLECTUAL PROPERTY

Subject to the terms of the contract to be concluded between GAIN and the applicant, the ownership of the intellectual property related to the scope of work of the contract, including technical information, know-how, processes, copyrights, models, drawings, source code and specifications developed by the applicant in performance of the contract shall vest entirely with GAIN.

23. SCOPE OF CHANGE

Once the contract is signed, no increase in the liability of GAIN or in the fees to be paid by GAIN for the services resulting from any change, modification or interpretation of the documents will be authorised or paid to the applicant unless such change, modification or interpretation has received the express prior written approval of GAIN.

IV. 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 authorised representative, the work as described in the Request for Proposal according to the terms and conditions of GAIN for the following prices:

- a. Click or tap here to enter text.
- b. Click or tap here to enter text.
- c. Click or tap here to enter text.
- d. Click or tap here to enter text.

3. I (We) agree that the Offer of Services will remain valid for a period of sixty days (60) calendar days after the date of its receipt by GAIN.

4. I (We) herewith submit the following:
- a) A proposal to undertake the work, in accordance with GAIN's 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.

Date this day of [insert month and year] in [insert location].

_____ [insert title]

Signature (applicant)

_____ [insert title]

Signature (applicant)