



REQUEST FOR INFORMATION (RFI)

RFI Number: RFI-367-17-0002

Project Title: Nepal Health Systems Strengthening Project

Issuance Date: February 9, 2017

Response Due Date and Time: February 23, 2017, 09:00AM Nepal Time

Response Email Address: kathmanduoaexchange@usaid.gov

Dear Prospective Applicants:

The United States Agency for International Development (USAID) Mission in Kathmandu, Nepal posts this RFI to inform an upcoming health system strengthening project designed to help Nepal in achieving Sustainable Development Goals and to seek information from capable and interested organizations. If the mission determines to proceed with the funding opportunity, then a five year activity under a Cooperative Agreement award is anticipated through full and open competition, subject to availability of funds.

While a full draft program description will not be provided with this Request for Information (RFI), a summary of the draft program description is included below to inform interest parties' responses. Please respond only to kathmanduoaexchange@usaid.gov with a subject line "**Nepal Health Systems Strengthening Project**".

Response Requirements

Responses to this RFI must be limited to 8 pages total and must include the following:

1. Include a table that contains the following information:
 - A. Organization name and address
 - B. Organization point of contact name, telephone number, and email address
 - C. A brief statement of interest that indicates the organization's interest in proposing as a prime or sub-recipient
 - D. If a funding opportunity (NFO) is issued, would your organization respond only with local partners or would you require a team or consortium of other international organizations? If a team or consortium, how many other international organizations would be on the team?
 - E. Is the organization registered to work in Nepal?

2. Demonstrate organizational capability by providing at least three past performances that meet the following requirements:

- A. The organization and/or planned partner organization was either a prime or a sub-award recipient.
- B. The value of the award (or sub-award) was at least \$20 million.
- C. The scope of the work focused on health strengthening efforts in a developing country.

Please include the following details:

- a. Donor/Funding Organization
- b. Project Title
- c. Role: Prime or Sub-Recipient
- d. Place of Performance
- e. Period of Performance
- f. Total Dollar Value of the Award
- g. Description of the Effort, Interventions, and Outcomes

Only organizations or teams of organizations with at least three past performances that meet the above requirements should respond.

Summary of the Draft Program Description

The Nepal Health Systems Strengthening Project will strengthen the public health system of Nepal, its relationship with the private sector and its engagement with citizens, communities, and other health system stakeholders. This will be achieved by developing a strategic approach guided by policy frameworks developed by the Government of Nepal and the United States Government. The efforts will build upon USAID's previous and continued support to Nepal's health sector, including:

- *Health for Life (H4L)*, USAID/Nepal's flagship health systems strengthening program.
- *Suaahara II*, a project that aims to improve the nutritional status of women and children in 40 districts across Nepal.
- *Family Planning Service Strengthening Program (FPSS)*, a program aimed towards strengthening family planning services through both the Ministry of Health and the private sector.
- *Health Communication Capacity Collaborative Project (HC3)*, a project that focuses on family planning messages for youth, adolescents, migrants, and other marginalized/disadvantaged groups.
- *Swachchhata*, a health and hygiene project supporting the construction and/or renovation of small-scale health infrastructure and health facilities management.
- *Global Health Supply Chain Program*, a project focused on health logistics management information systems and issues related to the transportation and delivery of commodities in Nepal among other countries.
- *Fertility Awareness for Community Transform (FACT) Project*, a research project determining whether or not fertility awareness increases the uptake of family planning methods.

The project will demonstrate approaches to improve health outcomes, particularly for the most marginalized and disadvantaged groups, by strengthening data driven planning and governance of a decentralized health system, which in turn will increase access and utilization of equitable, accountable and quality maternal, child and reproductive health services, with specific focus on newborn care. This will be achieved by:

- Improving access to and utilization of equitable healthcare services
- Improving the quality of health services
- Improving health system governance, including within the context of decentralization and federalism

This project will contribute to USAID/Nepal's Country Development Cooperation Strategy (CDCS) Development Objective 3 (DO 3): Increased Human Capital and by achieving results related to the following Intermediate Result (IR) categories:

IR 3.2: A Healthier and Well-Nourished Population

IR 3.3: Social Sector Policy and Performance Improved

Key Objectives

The following three objectives are anticipated as the drivers of all project activities:

1. Objective 1: Improved access to and utilization of healthcare services

There continues to be a need to focus on sustaining improvements in the public sector, at the district hospitals, public health offices, primary health care centers, health posts and in extending outreach in the community and with community volunteers. Basic health services at the primary level are free and have resulted in an increase in use, especially by the poor. As outlined in the NHSS, the basic health care package should be streamlined depending upon the level of health facility, the population and geography. The implementation of the package should be accompanied by appropriate transparency measures.

The primary mechanism in which a health facility can address geographical barriers is through strengthening outreach programs. Most health workers in a health post are mandated to provide some kind of outreach service but are not always implemented strategically - where there is greater need for example, or with the resources necessary to provide outreach services in remote areas. Who should be working in the community and what outreach services should be provided needs to be clarified. There are for example, the remote area guidelines for both safer motherhood and for management of sick children which encourage task-shifting from higher to lower level cadres, including to Female Community Health Volunteers (FCHVs); the NHSS however, advocates for the establishment of community health units with an associated increase

in health workers and in many communities the female community volunteer still plays a useful promotional role as well as that of a service providers in many remote communities.

Social and cultural barriers are more difficult to address and require good knowledge of the local population in order to develop appropriate demand generation activities and training in provider attitudes and approaches to care. Service delivery activities should be coordinated with demand generation activities. USAID's Suaahara and HC3 projects have some success in this area, and a close working relationship with this project will be critical. Client preferences in Nepal are changing, with private providers becoming more accessible and popular even in rural areas, with the increase in the use of small medical shops and pharmacies for care and treatment. The accuracy of diagnosis and the quality of service provision in these small outlets is not known and needs to be considered.

2. **Objective 2:** Improved quality of health services

Limitations in the ability of health facilities to deliver high quality services are impediment to the progress of Nepal's health system. While there are relatively straightforward reasons, such as the lack of basic equipment necessary for service delivery, there are larger issues including a lack of consensus around minimum standards of operation for facilities at all levels. This problem exists despite a field crowded with development partners. Problems persist with quality assurance, licensing, and accreditation. Identifying gaps relies on developing standards from existing best practices in all sectors and measuring progress against those standards. The majority of activities under this objective will be focused on the district level while potentially developing partnerships with tertiary institutes, such as private and university hospitals.

3. **Objective 3:** Improved health system governance, including within the context of decentralization and federalism

Health governance and decentralization is a key outcome in the NHSS. USAID and potential project partners are expected to work with Nepal's Ministry of Health (MOH) to incrementally increase decentralized resources, build flexibility in budgeting, and/or working with new structures to plan, budget, and initiate activities that improve health systems governance.

USAID and partners will require the ability to plan and approach budgeting at the local level, working with Municipal/Village Development Committees where they exist and catalyzing committees where they do not. The planning and budgeting should be informed by available data, geography and knowledge of health facility readiness. This is intended to foster a strategic approach to health service delivery away from the existing, centralized and blanket approach to need-based resource allocation and delivery. Engagement with civil society organizations and community management entities will be crucial to achieving this objective.

Given the centralized nature of existing planning processes, engagement with the annual work-planning and budgeting process is critical at the local, district, and central level. Working across this requirement will require the use of available information tools and encouraging a data-driven culture.

Target Population and Geographic Focus

The primary target population are women of reproductive age, expectant and postpartum mothers, under five children, newborns, disadvantaged populations, and men and youth for family planning. The project will directly support the Ministry of Health, the Department of Health Services, the Ministry of Federal Affairs and Local Development, and other relevant government institutions. At the subnational level, active collaboration with District (Public) Health Office, District Development Committees, Village Development Committees, hospitals and hospital development boards, health facilities and the health facility operation and management committees, community health workers and community health units and other relevant institutions will be fostered.

Other Considerations

- *Private Sector Engagement and Evidence Generation* - The project will also look for opportunities to engage the private sector while generating and utilizing evidence across all three of the above outcomes. USAID's goal will be to consistently support the delivery of high-quality evidence and related products that are scalable, such as service delivery pilots. To this end, implementation support in the context of knowledge management and dissemination will be a critical.
- *Strategic Partnerships and Coordination* – The project will need to share information with various stakeholders; collaboration will need to be demonstrated with a focus on limiting duplicative efforts, joint understanding of emerging issues, best practices, and coordinated approaches.
- *Flexibility and Integration in Programming* – The project will need to remain flexible and adaptable, as health systems are complex and enabling change is not typically a linear process. The project will need to ensure providers are able to address the needs of clients in a holistic manner, which will require the implementation of an integrated service delivery approach across all levels of the health system.
- *Gender and Social Exclusion* - Gender equality and social inclusion (GESI) is an intrinsic component of all USAID/Nepal work. This project will need to consider GESI at all stages, from design to delivery and beyond.
- *Monitoring, Evaluation, and Learning (MEL)* – Building on the concepts of adaptive management approaches and flexible programming, this project will develop dynamic

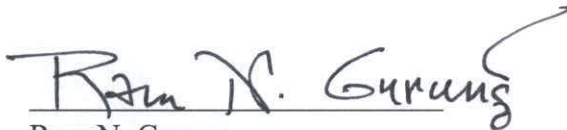
monitoring, evaluation, and learning practices that provide opportunities for intensive analysis, reflection, and evaluation. This will include a strategy for collection of high quality data and analysis as well as the development of a learning agenda and learning plan developed in collaboration with USAID/Nepal and key partners. Performance monitoring mechanisms and indicators will be established to track and report on individual project outcomes.

The Mission is not accepting applications at this time and will not respond to questions or other inquiries. Please check <https://www.grants.gov> on a regular basis for any possible Notice of Funding Opportunity (NFO) for this project.

Issuance of this RFI does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the submission of feedback and comments. In addition, this RFI does not commit USAID to make any award until funds have been fully appropriated, allocated, and committed through internal USAID procedures.

Thank you for your interest in USAID programs.

Sincerely,



Ram N. Gurung

Administrative Agreement Officer