Grants and Compliance (G&C), icddr,b

**RFP Closing:**

 **27th July 2021**

**2:30PM**

**icddr,b with support from USAID is issuing a Request for Proposals (RFP) for Hiring Sub-Awardee**

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**RFP Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Type:** | Subaward Notice | **Version:** | Synopsis 1 |
| **Funding Opportunity Number:** | 72038820CA00002 | **Posted Date:** | July 06, 2021 |
| **Funding Opportunity Title:** | Request for Proposal (RFP) for hiring Sub-awardees under USAID’s ACTB Project | **Last Updated Date:** | July 05, 2021 |
| **Opportunity Category:** | Discretionary | **Original Closing Date for Applications:** | July 27, 2021   |
| **Opportunity Category Explanation:** |  Subaward | **Current Closing Date for Applications:** | July 27, 2021   |
| **Funding Instrument Type:** | Other | **Archive Date:** | March 05,2020 |
| **Category of Funding Activity:** | Alliance for combating Tubercolosis in Bangladesh | **Estimated Total Program Funding:** |   |
| **Category Explanation:** | Request for Information |  **Award Ceiling:**  | Maximum limit $1,250,000 |
| **Expected Number of Awards:** | 02 - 05 | **Award Floor:** | $1.00 |
| **CFDA Number(s):** | 98.001 USAID Foreign Assistance for Programs Overseas |  |  |
| **Cost Sharing or Matching Requirement:** | No |  |  |

Letter of Invitation

Request for Proposals # icddr,b/G&C/OTM/2021/002 Dated: 5th July 2021

Dear Sir/Madam,

International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) as Principal Recipient (PR) has received a grant from the USAID for the project titled “USAID’s Alliance for Combating TB in Bangladesh” under the Cooperative Agreement CA # 72038820CA00002 and intends to hire sub-awardee under this agreement for which this Request for Proposal (RFP) is circulated. The RFP contains all the necessary information for interested Offerors. With the most proficient bidder, icddr,b will sign a Sub-award Agreement for the currently established scope.

icddr,b now invites sealed Proposals from any interested Private Health Organization (Not for Profit), Non-Government Organizations (NGOs), Community Based Organizations (CBOs), Faith Based Organizations (FBOs) who fulfill the criteria mentioned in “*Instruction for the Submission of Proposal”* to the RFP for selection of Sub-recipients to provide services for the following package:

Selection of Organization to complement USAID's TB diagnostic network, improve case detection, strengthen efforts and implementation of the digital information system for patient recording and reporting primarily in Rangpur and Barisal Divisions of the country which can be expanded further in later years depending upon availability of funds and performance.

The purpose of this activity is to support the prevention, diagnosis, quality of care, and treatment of childhood TB in Bangladesh which will contribute to overall three interrelated intermediate results (IRs) of the overall activity:

IR1: TB case detection and notification increased

IR2: TB treatment coverage and access improved for all forms of TB and

IR 3: TB disease transmission and progression decreased

Offerors shall submit their offers per the bid submission information **within 27th July 2021 at 2:30 PM BST**. The Technical and Financial proposals should be separated and should not be mixed. Combined submission of the technical and financial proposal might lead to disqualification. RFP response (signed scanned copies) should be submitted to actbrfp@icddrb.org , which should be password protected and the password only shared with Mohammad Shafiqul Kabir, email: mskabir@icddrb.org) and hard copies with .

This RFP does not obligate icddr,b to execute a contract nor does it commit icddr,b to pay any costs incurred in the preparation and submission of the proposals. Furthermore, icddr,b reserves the right to reject any and all offers, if such action is considered to be in the best interest of icddr,b.

RFP responses received will be scrutinized/ assessed/ evaluated as per the terms and conditions mentioned in the RFP and successful organization/s will be asked for capacity assessment and contract negotiations.

Yours sincerely,

............................................

Mohammad Shafiqul Kabir

Senior Manager

Grants & Compliance, Finance
Central Management Services

icddr,b

Mohakhali, Dhaka-1212

Office:+880-2-222277001-10 Ext: 3793

E-mail: mskabir@icddrb.org

Request for Proposals

Request for Proposals # icddr,b/G&C/OTM/2021/002

Selection of Organization to complement USAID's TB diagnostic network, improve case detection, strengthen efforts and implementation of the digital information system for patient recording and reporting primarily in Rangpur and Barisal Divisions of the country under the project titled “USAID’s Alliance for Combating TB in Bangladesh” funded by USAID.

**Contracting Entity:**

icddr,b
68 Shaheed Tajuddin Ahmed Sharani

Mohakhali, Dhaka 1212

**Funded by:**

USAID

Pre-Bid/Proposal Session:

**Date and time:** 13th July 2021 at 2:30 PM BST

**Platform:** Microsoft Teams

**Contact point:** mskabir@icddrb.org

Bidder/Offeror must confirm their participation in the pre-bid/proposal session through email to mskabir@icddrb.org within 12th July 2021 at 2:30 BST. Meeting link invitation will be sent to the bidder by the same day. Please mention ‘Pre-Bid/Proposal Attendance request’ and the RFP reference in the email subject line.

Bid/Proposal Submission:

According to the time mentioned in the offer deadline section (1.2); please submit your RFP response/proposal to actbrfp@icddrb.org (singed scanned copies) and hard copy document along with electronic copy, which should be password protected and the password only shared with Mohammad Shafiqul Kabir, email: mskabir@icddrb.org) into the appropriate box available in the reception of icddr,b and addressed to:

**Director, Finance**

icddr,b; 68 Shaheed Tajuddin Ahmed Sharani, Mohakhali, Dhaka 1212;

Section 1. Instructions to Offerors

# Introduction

The purpose of this Request for Proposal (RFP) is to determine the organization that will be best suited to perform the role as per SoW. Offerors are invited to submit proposals in response to this RFP following **Section 1 Instructions to Offerors**, whichwill not be part of the sub-agreement.

This RFP does not obligate icddr,b to execute a sub-agreement nor does it commit icddr,b to pay any costs incurred in the preparation and submission of the proposals. Furthermore, icddr,b reserves the right to reject any and all offers, if such action is considered to be in the best interest of icddr,b.

Unless otherwise stated, the periods named in the RFP shall be consecutive calendar days.

# Offer Deadline

Offerors shall submit their RFP response to actbrfp@icddrb.org (singed scanned copies) and hard copy document along with electronic copy, which should be password protected and the password only shared with Mohammad Shafiqul Kabir, email: mskabir@icddrb.org) into the appropriate box available in the reception of icddr,b. Technical and Financial proposals should be separated and should not be mixed. **Combined submission of the technical and financial proposal might lead to disqualification.** Offers must be received **no later than 27th July 2021 at 2:30 PM BST** addressing as follows:

**Director, Finance**

icddr,b

68 Shaheed Tajuddin Ahmed Sharani; Mohakhali, Dhaka 1212

Offerors are responsible for ensuring that their offers are received following the instructions stated herein.

Instructions for the Submission of Proposal

**Technical and cost proposals must be submitted separately** no later than the time and date specified in 1.2. The Offeror must submit the proposal with up to 05 sections (50 pages maximum limit, Font: TAHOMA, Font Size: 12, Paper Size: A4, Margin: 1 inch in all four sides, Line Spacing: Single). The technical application must be a searchable and editable Word or PDF format as

appropriate.

Please note, Technical proposals must not refer to pricing data so that the technical evaluation may be made strictly based on technical merit.

# 1.3. Requirements

To be determined responsive, an offer must include all of the documents and sections included in 1.3.A and 1.3.B.

## General Requirements

icddr,b shall not enter into a sub-agreement with any individual or organizations that have the following characteristics:

* Have active exclusions in the System for Award Management (SAM) (<https://www.sam.gov>)
* Appear on the Specially Designated Nationals (SDN) and Blocked Persons List maintained by the U.S. Treasury for the Office of Foreign Assets Control, sometimes referred to as the “OFAC List” (<http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>)
* Are listed in the United Nations Security designation list (<http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml>)
* Have registration with USG’s Data Universal Numbering System (DUNS). (https://fedgov.dnb.com/webform/newReq.do)
* If, at any time, the organizations have, directly or through an agent, engaged in corrupt, fraudulent, collusive, or coercive practices in competing for, or in executing, a contract under any fund;

icddr,b defines, for this provision, the terms set forth below as follows:

(a) *“corrupt practice”* means offering, giving, or promising to give, directly or indirectly, to any officer or employee of a Procuring Entity or other Recipient/governmental/private authority or individual a gratuity in any form, an employment or any other thing or service of value, as an inducement with respect to an act or decision of, or method followed by, a Procuring Entity in connection with the procurement proceeding;

1. *“fraudulent practice”* means a misrepresentation or omission of facts in order to influence a procurement proceeding or the execution of a contract to the detriment of the Client,
2. *“collusive practice”* means a scheme or arrangement among two and more organizations/consortiums with or without the knowledge of the Client (before or after proposal submission) designed to establish proposal prices at artificial, non-competitive levels and to deprive the Client of the benefits of free, open andgenuine competition; and
3. *“Coercive practice”* means harming or threatening to harm, directly or indirectly, persons or their property to influence the procurement proceedings, or affect the execution of a contract.

icddr,b will use an online screening service (if required) to check the background of the participants.

icddr,b anticipates issuing a contract to a (1) Is legally organized under the laws of; and (2) Has as its principal place of business or operations in; and (3) Is majority owned by individuals who are citizens or lawful permanent residents of; and (4) Is managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.

It is legally registered and recognized under the laws of Bangladesh and is in compliance with all applicable civil, fiscal, and other applicable regulations. Such a company or organization could include a private firm, non-profit, civil society organization, or university.

Companies and organizations that submit proposals in response to this RFP must meet the following requirements:

1. Companies or organizations (Private Health Organization, Non-Government Organizations (NGOs), Community Based Organizations (CBOs), Faith Based Organizations (FBOs) whether for-profit or non-profit, must be legally registered under the laws of Bangladesh with a proven experience on intervention implementation (to be substantiated by submission of the annual report, project completion report, scientific reports or articles published in international peer reviewed journals etc.) with Tuberculosis (TB) or similar experience with a minimum period of three years. Experience in implementing program/intervention with similar scope to this RFP will be an advantage.
2. Firms operated as commercial companies or other organizations or enterprises (including nonprofit organizations) in which foreign governments or their agents or agencies have a controlling interest are not eligible for this RFP.
3. Required Proposal Documents

### Cover Letter

The offeror’s cover letter shall include the following information:

1. Name of the company or organization
2. Type of company or organization
3. Address
4. DUNS number
5. Telephone
6. E-mail
7. Tax, VAT and Trade registration information
8. Official bank account information
9. Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
10. Other required documents shall be included as attachments to the cover letter.

### Registration Information:

* Copy of registration or incorporation in the public registry, or equivalent document from the government office (Registrar of Joint Stock Companies/Social Welfare Ministry/ NGO Affairs’ Bureau etc) where the offeror is registered.
* Copy of company tax and VAT registration, or equivalent document.
* Copy of trade license, or equivalent document.
* Evidence of Responsibility Statement, whereby the offeror certifies that it has sufficient financial, technical, and managerial resources to complete the activity described in the scope of work, or the ability to obtain such resources.
* Applicable documents listed in 1.3.A.

A sample cover letter is provided in Annex 1 of this RFP.

## Technical Proposal

**Technical Application Content**

The technical application should be specific, complete, and presented concisely. It must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this activity. The application should take into account the requirements of the program and merit review criteria found in this RFP.

**(a) Cover Page** (See Section above for requirements)

**(b) Table of Contents**

Include major sections and page numbering to easily cross-reference and identify merit review criteria.

**(c) Executive Summary (One page)**

The Executive Summary must provide a high-level overview of key elements of the Technical Application. It must also include an estimate from the Applicant of the approximate cost of proposed activities.

**(d) Technical Approach**

Part 1: This section should include Technical Approach, Methodology, Detailed Work Plan, Journey to Self Reliance, Gender Analysis. This part shall not exceed 25 pages.

***I. Considerations***

* The interventions and activities described should be in line with the most recent recommended international practices in TB Control and reflect the USAID/Bangladesh and Bangladesh National TB Program (NTP) operational objectives:
	+ Increased case detection through improving access (geographical, incentivized, educational) to tuberculosis diagnosis at different health service levels
	+ Develop solutions to tuberculosis preventive treatment implementation
	+ Robust and sustainable private sector engagement
	+ Government collaboration and political commitment
* The interventions should be clearly described, have the potential to increase the number of childhood TB cases in the targeted population and are linked to the proposed targets
* The interventions in the proposal needs to contribute to strengthening the overall TB Control and National TB Program in the geographical area translating to the whole country; have the potential to strengthen local or national partnerships between government, civil society, affected communities and the private sector
* The activities should be consistent with the national laws and applicable international regulations
* Proper epidemiological evidence needs to be included in supporting the proposal and interventions describing why the targeted population is considered
* Activities should utilize innovative approaches and interventions

**II. Journey Self Reliance**

***Feasibility***

* The applicant needs to provide evidence and proper description of the technical and programmatic feasibility for implementation of proposed interventions in the country/region/ local context·
* The applicant must explain how they will coordinate, complement and avoid duplication with other programs, stakeholders, and projects implemented in the country/region that are having similar objectives
* The activity should ensure that the resources requested are linked to the achievement of the proposed outcomes

***Sustainability***

* The activity must explain and demonstrate that the USAID’s ACTB financial support is additional to the existing efforts and financial resources (internal and external sources) to address TB Control in the country
* The activity must demonstrate and explain the potential for sustainability and continuity after the USAID’s ACTB funding comes to an end

***Impact***

* Clearly describe the impact for each intervention and explain how the proposed activities will contribute to achieve it

**Part 2: Management Plan and Key Personnel**

This part shall be between 3 to 5 pages long preferrably, but shall not exceed 10 pages. CVs for key personnel should be included in an annex to the technical proposal and will not count against the page limit.

**Management Plan**

USAID’s ACTB prefers collaborative applications structured as a prime and sub-recipients relationship with project staff clearly defined in one single, gender-balanced management structure. The Applicant must describe the relationship between prime and sub-recipients, clearly defining the value each partner brings. Furthermore, USAID’s ACTB recommends non-exclusive, diverse partnerships.

**Key Personnel/ Staffing Guidance**

**Goal:** The ability to carry out the organization’s institutional and successful programmatic activities

***Key Personnel***

* Brief statements of major duties for each of the key personnel
* Experience, academic background, and resumes for each of the key personnel (May be an Annex to the Technical Application)
* Estimated amount of time devoted to the project for each of the key personnel and other senior staff

It is the Applicant’s discretion to designate positions of key personnel under the activity on the basis of their staffing structure. Applicants must propose and justify a configuration of key personnel, which they determine have the highest probability of successfully managing the activity.

The proposed personnel should have relevant international, regional and/or national experience with tuberculosis (TB) control issues. Furthermore, the proposed personnel should have expertise and knowledge, strong technical skills in TB interventions design, capacity building, institutional development, and monitoring and evaluation, to implement the activity. USAID’s ACTB may negotiate changes in the staffing pattern, depending on the final award.

***Staffing Plan***

The staffing structure should be as cost effective as possible. A supporting narrative should include a brief description of all long-term staff positions and level of experience. A description of the role of short-term technical staff including the proposed level of effort and the process to be used for selecting them should be provided.

Applicants should propose an overall staffing pattern that demonstrates the sound technical expertise and experience required for successful activity implementation, administration and management.

The staffing plan should be gender balanced and demonstrate a solid understanding of key technical and organizational requirements and an appropriate mix of skills, while avoiding excessive staffing and duplication of staff deployment.

The Staffing Plan section shall include:

* A detailed organizational and management (O&M) chart (including narrative) that clearly delineates lines of management, supervisory authority, technical roles and responsibilities, level of effort for each position, and justifies the composition and organizational structure of the entire project team.
* A skills-matrix for proposed program staff, identifying skills and expertise of proposed staff appropriate to the activities/interventions in the Program Description
* O&M Chart reflecting the staffing pattern including reporting lines, communication flows, etc.

Part 3: Corporate Capabilities, Experience, and Past Performance. This part shall not exceed 5 pages. (Separate annexure for this may be given as supporting evidence)

Part 3 must include a description of the company and organization, with appropriate reference to any parent company and subsidiaries. Offerors must include details demonstrating their experience and technical ability in implementing the technical approach/methodology and the detailed work plan.

Additionally, offerors **must include two past performance references** of similar work (under contracts or contracts **with minimum value BDT 80 Lakhs each**) previously implemented as well as contact information for the companies for which such work was **completed within last two years**. Offerors also requested to submit their past work history with human sample collection related experience. Contact information must include at a minimum: name of point of contact who can speak to the offeror’s performance, name and address of the company for which the work was performed, and email and phone number of the point of contact.

icddr,b reserves the right to check additional references not provided by an Offeror.

The sections of the technical proposal stated above must respond to the detailed information set out in Section II of this RFP, which provides the background, describes the deliverables, and provides a deliverables schedule.

## Cost Proposal

The cost proposal is used to determine which proposals represent the best value and serves as a basis of negotiation before award.

The price of the agreement to be awarded will be an all-inclusive all cost i.e. **direct cost along with indirect cost/overhead**. **See Annex-2** for a sample cost structure. USAID does not allow any VAT rather provide VAT coupon. Tax is applicable (if any) as per country rules and regulations.

The cost proposal shall also include a budget narrative that explains the basis for the estimate of every cost element or line item. Supporting information must be provided in sufficient detail to allow for a complete analysis of each cost element or line item. icddr,b reserves the right to request additional cost information if the evaluation committee has concerns about the reasonableness, realism, or completeness of an offeror’s proposed cost.

Under no circumstances may cost information be included in the technical proposal. No cost information or any prices, whether for deliverables or line items, may be included in the technical proposal. Cost information must only be shown in the cost proposal.

The currency of this contract will be Bangladeshi Taka and cost proposals shall be submitted in BDT equivalent within **$1,250,000 to be distributed for 2.5 years (ACTB project period).**

# 1.4. Source of Funding, Authorized Geographic Code, and Source and Origin

Any sub-agreement resulting from this RFP will be financed by USAID through icddr,b and will be subject to the icddr,b’s and USAID Rules and regulations besides the Code of Federal Regulations (CFR). Authorized Geographic Code and Source and Origin should be as per the guidelines of the USAID Geographic Code.

# 1.5. Chronological List of Proposal Events:

The following calendar summarizes important dates in the solicitation process. Offerors must strictly follow these deadlines.

|  |  |
| --- | --- |
| RFP published | 6 July 2021 |
| Proposal Due Date | 27th July 2021 |
| Contract Award (Estimated) | 22nd August 2021 |

The dates above may be modified at the sole discretion of icddr,b.

# 1.6. Contract Award:

icddr,b will select the proposal for primary negotiation which obtain the highest combing score based upon the evaluation criteria stated in this RFP.

# 1.7. Validity Period

Offerors’ proposals must remain **valid for 180 calendar days** after the proposal deadline.

# 1.8. Terms of Contract/Sub-agreement

This is a request for proposals only and in no way obligates icddr,b to award a contract/sub-agreement. In the event of contract/sub-agreement negotiations, any resulting contract/sub-agreement will be subject to negotiation.

# 1.9. Contract award

The contract/sub-agreement may be awarded following negotiations by issuing a Letter of Authorization (LOA) which will be followed by an official Sub-Award Agreement signing.

# 1.10. Evaluation and Basis for Award

An award will be made to the offeror whose proposal is determined to be responsive to this solicitation document, meets the eligibility criteria stated in this RFP, meets the technical, management/personnel, and organizational capability requirements, and is determined to represent the best value to icddr,b.

This RFP will use the ‘Quality-Cost Based Selection’ Method for proposal evaluation.

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Maximum Score** |
| **1.    Technical Approach, Methodology and Detailed Work Plan.**This section includes: i. Approach and methodology used to accomplish the objectives mentioned in the SoW, effective training and quality control mechanism, etc.ii. Work Plan and M&E iii. Staffing Plan | 35 |
| 2**.    Management and Key Personnel** This section includes: i. Team Leader qualificationii. Survey Manager/Coordinator qualificationiii. Other member's qualification | 20 |
| 3**.   Organizational Capabilities, Experience, and Past Performance** This section includes: i. Background of the bidder and their management bodyii. Related Experience in line with project scopeiii. Experience in implementation of USAID funded project iv. Performance Certificate | 20 |
| **Total Technical Score** | **75** |

**During scoring, we will follow the below criteria:**

100% = Bidder/Offeror exceed expected criteria of requirement

80% = Bidder/Offeror meet expected criteria of requirement

60% = Bidder/Offeror do not meet some minor criteria which is within acceptable limit

0% = Bidder/Offeror do not meet expected functional criteria

**Bidders/Offerors, who unable to score 75% in the technical evaluation, will not be considered for Financial Evaluation.**

Total Score Sheet:

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Maximum Score** |
| 1. Technical Score
 | 75 |
| 1. Financial Score
 | 25 |
| **Total Score** | **100** |

The highest scorers (top three) will be invited for negotiation. After a successful negotiation, the highest scorer will get a **LOA.** After validity and authenticity have been confirmed, the successfully bidder will get a contract/sub-agreement which will be followed by signed Sub-Award Agreement.

# 1.13. Bid/Proposal & Performance Security:

1. No Bid/Proposal security is required for submission of this tender.
2. No Performance Security is required for this tender.

# 1.14. Invoice & Payment:

The potential sub-awardee will take necessary intitatives to accomplish the objectives per **SoW** and submit the invoice on quarter basis based on the actual expenditure incurred. Cost-reimbursement method will be followed and payment will be made with in 30 days upon receiving an valid invoice. Services under a Standing Offer Arrangement shall provide to the Ordering Officer a Tax Compliant Invoice showing the value of the Services completed.

# 1.15. Negotiations

icddr,b will award any contract/sub-agreement solely based on the original offers received. However, icddr,b reserves the right to conduct discussions, negotiations and/or request clarifications before awarding a contract/sub-agreement.

Furthermore, icddr,b reserves the right to conduct a competitive range and to limit the number of Offerors in the competitive range to permit an efficient evaluation environment among the most highly-rated proposals.

“Highest Combined Scorer”, as determined by the sourcing evaluation committee, may be asked to conduct oral/visual presentations. If deemed an opportunity, icddr,b reserves the right to make separate awards per component or to make no award at all.

Section 2: Scope of Work (SoW), Objectives,

**Alliance for Combating Tuberculosis (TB) in Bangladesh**

**A. Description**

USAID/Bangladesh through the Local Organization Network Annual Program Statement (LON-APS), has awarded a consortium led by iccdr,b, a grant under the U.S. Government Global Health Initiative (GHI). The activity titled USAID’s Alliance for Combating Tuberculosis in Bangladesh (ACTB) will work to reduce TB incidence in selected geographical areas by decreasing TB transmission, increasing case detection, and improving tuberculosis treatment outcomes for patients. The activity will contribute to complement USAID's TB diagnostic network, strengthen efforts and implementation of the digital information system for patient recording and reporting in selected areas of the country.

**B. Background**

**Epidemiological Burden of TB**

The TB incidence rate in Bangladesh has remained flat at 221 per 100,000 population from 2002 to 2019. According to the World Health Organization (WHO) Global TB Report 2020, an estimated 361,000 people fell ill with TB – in Bangladesh in the year 2019. Bangladesh reported more than 292,000 TB cases in 2019. However, estimates suggest that more than 19% of drug sensitive TB cases remained undetected in Bangladesh in 2019.

Furthermore, it is estimated that every year 38,000 people die from TB in Bangladesh; this number, according to the WHO, is more than twice the number of people who die from road traffic accidents in the country in a year [1]. Drug Resistant Tuberculosis (DR-TB) is another challenge for the country and is a form of TB that has developed mutations that render at least one of the four standard first-line anti-TB drugs ineffective. It is estimated that more than 3,300 DR- TB cases happen in Bangladesh, yet only 42% of DR-TB cases get detected and treated. Another major challenge is the diagnosis of lower proportion of child TB cases in the country. Against the estimated 36,000 Child TB cases, 12,183 were notified in 2019. Only onethird of estimated child TB cases are being reported in the country indicating a big gap in detection. Lack of proper diagnostics for child TB as well as trained healthcare professional with capacity to diagnose properly are both contributing to the factor.

**Global Targets for Bangladesh**

The first United Nations (UN) high-level meeting on tuberculosis (TB) called “United to End TB: An Urgent Global Response to a Global Epidemic” was held in New York on September 26, 2018. During this meeting it was highlighted that there is a need for immediate country commitment to accelerate the efforts towards the goal of ending the TB epidemic by 2035. As a member state of the UN, Bangladesh committed to diagnose and treat 1.5 million TB cases, 17 thousand MDR TB cases, 110,000 childhood TB cases, and to provide preventive therapy to 1 million cases by 2022. These targets align with the specific targets for 2035 set in the End TB Strategy that are a 95% reduction of TB deaths and an 90% reduction in TB incidence compared with levels in 2015.

**Strengths of the TB Program in Bangladesh**

Bangladesh has many success stories in controlling TB. The Directly Observed Treatment Short course (DOTS) strategy, which is an integral part of the National Tuberculosis Control Program (NTP), has been implemented successfully in Bangladesh. A major strength of the program is that it puts a significant focus on field level staff by providing training to the staff, ensuring proper supply of logistics as well as medicine and efforts to expand molecular TB diagnostics widely. The partnership between the public and private sector is significant for maintaining quality services; this partnership with reputed national and international NGOs in NTP is unique and contributes to the success of the program.

**Challenges to address**

Epidemiological analysis has shown that the incidence of TB per 100,000 has been stagnated at 221 in the last two decades in Bangladesh. An estimated 19% of infected cases are being missed by the current approach for detection and treatment. In cases of MDR TB and childhood TB, the missing number is much higher. There are also delays in diagnosis and onset of treatment for TB patients. A significant number of the infected population does not seek any care after the onset of the symptoms.

Furthermore, TB affected people often seek care from private sector providers and pharmacies after the onset of their symptoms. However, the private sector’s capacities in TB detection and management have not been adequately explored.

To reduce the transmission of TB infection, latent TB infection treatment needs to be initiated in Bangladesh at a larger scale. TB infection spreads rapidly in crowded and compact areas, especially in a context with rapid urbanization, and this poses a great risk. The population density is also much higher in urban areas in comparison to the rural areas.

Globally as well as in Bangladesh, the notification rate of childhood TB is significantly lower than the exact burden of the situation (estimated 12%). The magnitude of Child TB burden has remained as unmapped ground for the global health program makers. TB progresses very promptly in children since they have immature immune system. Rapid case detection and treatment initiation is critical to minimize TB morbidity and mortality in children which is hindered by absence of a rapid, accurate diagnostic tool. Fast case detection of Child TB will facilitate prompt treatment and better outcomes. Most of the PTB is diagnosed by smear, culture or molecular tests which are done on expectorated sputum.

Detection of Mycobacterium tuberculosis (MTB) in children is rarely achieved. Because, children are unable to expectorate sputum and if expectorated, volume of specimen is not always sufficient for quality testing. In addition, paucibacillary nature of the disease in children leads to difficulty in achieving the bacteriological confirmation using laboratory tests like smear microscopy, culture, and molecular testing those are in practice. The inadequate capacity of the health care facilities and laboratories in low resources setting like Bangladesh often makes it more challenging to obtain quality specimen from children. Sputum induction and gastric aspiration can be used to obtain respiratory specimens from children unable to expectorate sputum; however, these are invasive which require well-trained staff and neither procedure is widely implemented in resource-constrained settings. Most of the child TB patients, are therefore, diagnosed clinically that make a possibility to over or under-diagnosis. Proper identification of presumptive children for TB, an easy-to-collect specimen from them along with highly sensitive laboratory diagnostic are essential for improved TB detection in children.

**Strategic Coordination and Integration**

Applicants must address the ways in which the proposed activity will align with the technical and programmatic priorities of the Government of Bangladesh and USAID funded activities, how specifically it will catalyze the achievement of the National Strategic Plan, and how the project will address relevant key recommendations from the most recent international TB strategies and guidelines and the scientific literature. Applicants are encouraged to form partnerships or enter into formal agreements with government, existing USAID funded TB projects, and private-sector counterparts to design and implement their activities and ensure that their activities catalyze and complement, rather than duplicate, activities supported by other parties.

**C. Collaborative Learning and Adaptive Management**

Collaborative Learning and Adaptive Management will be the key to the success of the USAID’s ACTB Activity, given its focus on health systems strengthening, including public, private, and NGO sectors. Adaptive management refers to making adjustments in intervention tactics or design based on iterative learning, thereby customizing the intervention. As such, establishing implementation decision points/milestones will be necessary during the life of the activity.

**D. Activity Objectives**

USAID’s ACTB is seeking assistance in improving the TB care of children in the selected geographic areas of Bangladesh. Improved TB care includes prevention of TB, better case detection, diagnosis, prompt treatment, improved treatment outcomes, strong referral network, active monitoring, and reporting of all forms of childhood TB. The activity is also expected to ensure better engagement of the private sector and coordination with the existing USAID funded activities and Global Fund activities.

**Geographic location:** With the existing mechanisms, USAID’s ACTB intends to work on Tuberculosis in Rangpur and Barisal Divisions. The proposed activity should cover these two divisions initially and may be asked to expand themselves to other areas based on performance and availability of funds.

The purpose of this activity is to support the prevention, diagnosis, quality of care, and treatment of childhood TB in Bangladesh which will contribute to overall three interrelated intermediate results (IRs) of the overall activity:

IR1: TB case detection and notification increased

IR2: TB treatment coverage and access improved for all forms of TB and

IR 3: TB disease transmission and progression decreased

**IR 1:** **TB case detection and notification increased**

The primary challenge in achieving the ambitious UNHLM targets is employing the best strategies to find the missing cases. In Bangladesh, an estimated 74,000 children under five were household contacts of detected PTB patients and are at risk of childhood TB. Though childhood TB patient detection has been increasing since 2012, only 4.8% of all detected TB patients in 2019 were childhood TB. However, it is likely that far more children have active TB, given that 12% of all notified TB patients are expected to be child TB. Moreover, there is lack of awareness about child TB among physicians, and TB stigma and fear, particularly related to TB in women and female children prevail in our society. Recognizing the need for strategies that “funnel” child contacts and children with presumptive TB towards trained doctors, the project plans to pilot game-changing solutions, which when scaled up can help find the missing cases of childhood TB in the entire country. The activity needs to be innovative in identifying and scaling up solutions to detect the missing cases. Proposed activities under this IR should focus on groups with high potential areas for missing childhood TB cases to reach them by improving access to TB diagnostic and treatment services by addressing geographic, financial and social barriers to ensure timely care-seeking and quality care delivery.

**IR 2: TB treatment coverage and access improved for all forms of TB**

As per the epidemiological review conducted in 2019, treatment success has continued to improve steadily over the past few years and is high at above 92%, while the TB treatment coverage still remains at 81%. USAID’s ALLIANCE FOR COMBATING TB IN BANGLADESH plans to raise TB treatment coverage to above 90%, by taking measures and improvising strategies to bring in the missing patients, especially the 8% of missing child TB patients, into the cascade of TB care. The NSP identifies a few key gaps in treatment provision and found non-uniform care delivery as a challenge especially at primary care levels. Other challenges include insufficient supervision and mentorship leading to suboptimal human resource capacity. USAID’s ALLIANCE FOR COMBATING TB IN BANGLADESH expects to address these challenges, by planning to identify the facilities and improve their delivery of TB care, especially in the hard-to-reach areas and to identify ways to facilitate access of all patients to standard diagnostic and treatment facilities, which directly impact quality of care available to child TB patients. Particularly, there needs to be an improvement in finding and reporting the MDR TB, and extra pulmonary TB cases among the paediatric population, in both public and private sector, all of which warrants the need for capacity building of the healthcare providers.

**IR 3: TB disease transmission and progression decreased**

Community settings account for the majority of TB transmission and deserve increased focus. Stopping the transmission of TB at its source is the most effective method, and the best way of going about it is by early detection of TB by active case finding followed by rigorous contact investigation. Special focus must be on child contacts of TB patients since children do not present with the four cardinal symptoms but rather with varied presentations mimicking other diseases. Innovative approaches for increasing public awareness, utilizing available resources, digital interventions, etc, should be introduced to substantially reduce transmission. As per the NSP, prevalence surveys have found a large proportion of bacteriologically confirmed TB cases (40-60%) that do not report symptoms meeting screening criteria. This is significant because such cases are either unlikely to seek healthcare or if they do, their presentation is such that they are unlikely to be referred for diagnosis and treatment; they are thus likely to continue to be sources of ongoing transmission in the community. USAID’s ALLIANCE FOR COMBATING TB IN BANGLADESH’s two-pronged strategy for slowing down TB transmission is via effective infection control measures in hospital settings and targeted TB preventive treatment (TPT). To demonstrate the impact of preventive therapy on the incidence rate, interventions should be focused on a realistic geographic location and provide close supervision and monitoring. Currently only Isoniazid Preventive Therapy (IPT) is being given to child household contacts who are <5 years old. Contact investigation has to be ensured and the preventive treatment has to be given to the all age group in selected geographic locations, and thus needs to be integrated within the existing program, after development of appropriate strategic plans and guidelines in Bangladesh context.

# Table 2: Minimum qualification and experience for the key positions

| **Key Position** | **Education** | **Experience and Major Responsibilities** |
| --- | --- | --- |
| **Team Leader (1)** | Minimum Masters in Public Health or MBBS with MPHPhD with above mention subject is preferred. | * Should be a senior member of the implementing firm with considerable experience (at least 15 years) with public health program implementation.
* Should have a strong sense of teamwork and cooperation.
* Should be sufficiently free from competing responsibilities to devote a considerable time in the activitya.
* Should be available to work, in combination with other support staff, on the ctivity (including planning and training stages) to ensure full knowledge of the content of the activity and support for all the decisions that need to be taken.
 |
| **Program Manager/ Technical Coordinator (1**) | Masters in Public Health or MBBS with MPH | * Considerable experience in public health program implementation activities (at least 10 years) and must be senior enough to make decisions in absence of the team leader.
* Should be available to have primary responsibility for the day-to-day operations of the activity and be available to devote of his/her time to activity management and supervision.
* Must play the role of the Program Manager which extends beyond organizational and decision-making responsibilities and includes participation in the “hands-on” aspects of program implementation.
* Should be capable to take the charge of ensuring the completeness of the program implementation plan, training of project staff, fieldwork and must be able to work efficiently in the central as well as in the field level and takes the authority to make changes in the field teams if necessary.
* Should be flexible and poses an approachable personality to solve issues related to fieldwork, but at the same time be strict in expecting teams to implement efficient program.
* Should be available full time during training, pre-testing and fieldwork to verify pre-test, main training and preparation for fieldwork and half-time to travel for supervision of the fieldwork.
* Must be available to help resolve technical issues that might arise in the field, whereby the field teams might need guidance in resolving inconsistencies.
 |
| **Monitoring, Evaluation and Learning Manager (1)** | Minimum Masters Degree in Statistics or Public Health withtechnical expertise in the areas of programming and data processing system | * Should be knowledgeable about USAID’s MEL framework.
* Should have experience in Performance Monitoring Plan and managing large databases.
* Should be responsible for managing the MEL team
* Should be responsible for finalizing the technical reports to the donor
* Should work very closely with the Program Manager/Technical Coordinator during secondary editing and finalization of data sets.
* Should be responsible for communicating with implementation team in the field if there are any issues related to quality of implementation.
* Should be available full time;
* Should work very closely with MEL team of USAID’s ACTB at icddr,b thorough out the activity.
 |
| **Grants Manager** | Minimum Commerce Graduate, CA CC will be given preference | * Having Five years experiences in grants and compliance management, organizational policies & procedures, procedures and financial system review, verification of financial reports and books of accounts including bills and vouchers. Facilitate donor and organizational audit. USAID’s and donor compliances.
 |
| **Finance Manager** | Minimum Commerce Graduate, CA CC will be given preference | * Have 3-5 years’ experience in preparation of Books of Accounts, Financial Reports, preparation of voucher, manual or software based accounting system, Payroll Management, Bank Management, USAID and donor Procurement procedures, etc.
 |

\*\* Female candidates are always encouraged as per icddr,b policy.

Annex 1:

# Sample Cover Letter

[Offeror: Insert date]

Director, Finance

icddr,b

68 Shaheed Tajuddin Ahmed Sharani

Mohakhali, Dhaka 1212

Bangladesh.

Reference: Request for Proposals # icddr,b/G&C/OTM/2021/002

Subject: [Offeror: Insert the name of your organization]’s technical and cost proposals

Dear Sir:

[Offeror: Insert name of your organization] is pleased to submit its proposal in regard to the above- referenced request for proposals. For this purpose, we are pleased to provide the information furnished below:

|  |  |
| --- | --- |
| Name of Organization: |  |
| Type of Organization: |  |
| Taxpayer Identification Number:  |  |
| VAT Number: |  |
| DUNS Number: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| E-mail: |  |

As required by section 1, 1.3, we confirm that our proposal including the cost proposal will remain valid for 180 calendar days after the proposal deadline.

We are further pleased to provide the following annexes containing the information requested in the RFP:

1. I. Copy of registration or incorporation in the public registry, or equivalent document from the government office where the offeror is registered.
2. II. Copy of company tax and VAT registration, or equivalent document.
3. III. Copy of trade license, or equivalent document.
4. IV. Evidence of Responsibility Statement.
5. V. Performance Certificate
6. VI. Organization’s background and management details

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Annex 2:

Guide to Creating a Financial Proposal

The purpose of this annex is to guide offerors in creating a budget for their cost proposal. Because the contract will be funded under a United States Government-funded project, it is important that all offerors budgets conform to this standard format. It is thus recommended that offerors follow the steps described below:

Step 1: Design the technical proposal:

Offerors should examine the market for the proposed activity and realistically assess how they can meet the needs as described in this RFP. Offerors should present and describe this assessment in their technical proposals.

Step 2: Determine the basic costs:

The cost proposal should provide the best estimate of the costs associated with each deliverable, which should include all costs.

Under no circumstances any cost information can be included in the technical proposal. No cost information or any prices, whether for deliverables or line items, can be included in the technical proposal. Cost information must only be shown in the cost proposal.

Step 3: Create a budget for the cost proposal:

The budget period should follow the technical proposal period. A sample budget is shown on the following page.

Step 4: Write Cost Notes:

Cost proposal shall be accompanied by written notes that explain each cost line item and the assumption of why a cost is being budgeted as well as how the amount is reasonable.

Sample Budget:

Offerors should revise the budget line items accordingly in response to the technical and cost requirements of this RFP.

Budget Period:

Cost proposal shall be for the period from 01 September 2021 to 31 August 2021

To: Director, Finance

 icddr,b

 68 Shaheed Tajuddin Ahmed Sharani, Mohakhali

 Dhaka 1212

Dear Sir:

We, the undersigned, offer to provide the services for [*Insert* *title of assignment*] in accordance with your Request for Proposal dated [*Insert Date*] and our Technical Proposal. Our attached Financial Proposal is for the sum of [*Insert amount(s) in words and figures*1]. This amount is inclusive of all regulatory levies and taxes.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to the expiration of the validity period of the Proposal.

 We understand you are not bound to accept any Proposal you receive.

 We remain,

Yours sincerely,

Authorized Signature [*In full and initials*]:

Name and Title of Signatory:

Name of Firm:

Address:

**Summary of Cost Proposal**

|  |  |
| --- | --- |
| **Cost Category** | **Amount in BDT** |
| Total Direct Cost  |  |
| Total Indirect Cost |  |
| **Grand Total**  |  |

Authorized Signature [*In full and initials*]:

Name and Title of Signatory:

Company/Organizational Seal/stamp:

#### Cost Breakdown

|  |  |
| --- | --- |
| **Cost Category** | **Amount in BDT** |
| Personnel |   |
| Travel |   |
| Equipment |   |
| Supplies |  |
| Contractual |  |
| Construction |  |
| Other Direct Costs |  |
| **Total Direct Charges** |  |
| Indirect Charges |  |
| **Grand Total** |  |

Sample Budget

All cost will be mention in BDT and follow the instruction mention in the attached budget:



Evidence of Responsibility Statement

**1. Authorized Negotiators**

The offeror will confirm their official negotiator and signatory for who is authorized to represent the offeror in the negotiation of this offer in response to this RFP.

List Names of Authorized signatories:

* + 1. (Name & Designation):
		2. (Name & Designation):

These individuals can be reached at:

Address :

Telephone/Fax :

Email address :

**2. Adequate Financial Resources**

The offeror will submit evidence to prove their adequate financial resources to manage this contract, as established by audited financial statements for the most recent three years (OR equivalent) with the proposal.

**3. Adequate Human Resources**

The offeror will submit evidence to prove their adequate human resources to manage this contract.

**4. Record of Performance, Integrity, and Business Ethics**

The offeror should confirm that they have no allegations of lack of integrity or questionable business ethics.

**5. Equipment and Facilities**

The offeror should state they have the necessary facilities and equipment to carry out the contract with specific details as appropriate per the contract SOW.

**7. Eligibility to Receive Award**

The offeror should state that they are qualified and eligible to receive an award under applicable laws and regulations and that they are not blacklisted in any list maintained by any regulatory body. The Contractor should state whether they have performed work of similar nature under similar mechanisms for icddr,b.

**8. Cognizant Auditor**

The offeror should provide the Name, address, phone of their auditors – whether it is a government audit agency or an independent firm.

**10. Acceptability of Contract Terms**

The offeror should state its acceptance of the proposed contract terms.

**11. Organization of Firm**

The offeror should explain how their firm is organized on a corporate level and practical implementation level, for example regionally or by technical practice.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_