



E-mail : pmnch-rfp@who.int

In reply please
refer to: RMNCAH Coalition RFP

22 November 2017

Dear Bidder,

Request for Proposals: Support for the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Coalition

You are hereby invited to submit a proposal for consultancy services aimed at providing support to the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Coalition in India. The services required by the World Health Organization (WHO) are more fully described in the Terms of Reference (ToRs) attached with this Request for Proposals (RFP) letter.

WHO, a public international organization consisting of 194 Member States, is dependent on contributions it receives for the implementation of its activities. You are therefore requested to propose the best and most cost-effective solution to meet WHO's requirements.

This RFP is open to individuals engaged in the field of global health with proven experience in convening and/or collaborating with partners from a range of backgrounds, including multi-lateral, bilateral, academic, government, non-governmental, and civil society; established networks with partners from different organizations and constituencies, including a strong working relationship with the Indian Ministry of Health and Family Welfare and H6 Partnership and related partners in India; and knowledge of the Partnership for Maternal, Newborn and Child Health.

Please see the ToRs for additional required competencies and experience. The Annex attached hereto forms an integral part of this RFP. Please follow the instructions set forth in the Annex in the submission of your proposal to WHO.

The proposal should be no more than two pages (excluding annexes of curriculum vitae and of experience of organization if applicable) and submitted in English. They should be structured to include the following:

- A cover letter
- Financial proposal
- CV

Proposals should be submitted to WHO in writing before 11 December 2017 17:00 hours **[Geneva] time** ("the closing date"), by email at the following address pmnch-rfp@who.int. Any questions about the RfP must be sent by 1 December 2017 and answers will be posted online by 4 December 2017 at <http://www.who.int/pmnch/getinvolved/rfps/en/>.

Simultaneously with submitting a proposal, please enter or update (as appropriate) your details in the Personal



History Form in the WHO eRecruit system: <http://www.who.int/employment/en/>

We look forward to receiving your response to this RFP.

Yours sincerely,

Helga Fogstad
Executive Director
The Partnership for Maternal, Newborn & Child Health
Hosted by WHO

Annex: Additional provisions applicable to the RFP

WHO may extend the closing date for the submission of proposals by notifying all bidders thereof in writing. Any proposal received by WHO after the closing date for submission of proposals may be rejected.

No proposal may be modified after its submission, unless WHO has issued an amendment to the RFP allowing such modifications.

WHO may request any bidder in writing to provide clarification of any part of its proposal. Bidders shall not be entitled to change the price or substance of the proposal during this exchange.

In its review of proposals received, WHO will give due consideration to the principles of economy and efficiency, and the responsiveness of the proposals to the needs of the project concerned. As such, WHO does not bind itself in any way to select the bidder offering the lowest price.

In addition, WHO reserves the right:

- a) To award separate contracts for parts of the work or services to one or more bidders of its choice;
- b) To cancel the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to provide reasons for WHO's action;
- c) To award a contract on the basis of WHO's particular objectives to one or more bidder(s) whose proposal(s) is/are considered to be the most responsive to the needs of the Organization and the activity concerned;
- d) Not to select any bidder and not to award any contract.

WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.

NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work or the provision of any services.

WHO also reserves the right to enter into negotiations with one or more bidders of its choice, including but not limited to negotiation of the terms of the proposal(s), the price quoted in such proposal(s) and/or the deletion of certain parts of the work or services called for under this RFP.

Bidder(s) who is/are selected by WHO to provide the services will be required to sign WHO's consultant contract. Within 30 days of receipt of the contract, the successful bidder shall sign and date the contract, and return it to



**World Health
Organization**

20, AVENUE APPIA – CH-1211 GENEVA 27 – SWITZERLAND – TEL CENTRAL +41 22 791 2111 – FAX CENTRAL +41 22 791 3111 –WWW.WHO.INT

WHO according to the instructions provided at that time. If the selected bidder does not accept the contract terms without changes, WHO has the right not to proceed and instead contract with another bidder of its choice.

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Organisation mondiale de la Santé • Всемирная организация здравоохранения • Organización Mundial de la Salud

Secretariat Hosted by the World Health Organization and Board Chaired by Mrs Graça Machel

November, 2017

Contract Type: Agreement for Performance of Work (APW)
Issue Date: 22nd November 2017
Closing Date / Time: 11th December 2017 17:00 CEST
Request for Proposal: Support for the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Coalition

Country Support for the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Coalition

1. Objective

The Partnership for Maternal, Newborn and Child Health (PMNCH; Partnership) is seeking services from a qualified contractor to provide technical, communications and administrative support to the Chair and Member Secretary of the **Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Coalition** (RMNCAH Coalition; the Coalition), to help achieve its objectives.

2. Background

PMNCH is a global multi-stakeholder partnership platform bringing together over 850 member organizations across multiple constituencies working to advance RMNCAH at global, regional, and country levels. PMNCH's core mission is to strengthen alignment, mutual accountability, and joint advocacy across its constituencies to support the successful implementation of the Every Woman Every Child 2015-2030 Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy).

PMNCH's value-add at the country level, hinges on its inclusive multi-stakeholder constituency-based structure and partner-centric approach to advancing SRMNCAH objectives. The Partnership comprises ten constituencies, including: Academic, Research and Training Institutes (ART), Adolescents & Youth (AY), Donors and Foundations (D&F), Global Financing Mechanisms (GFM), Healthcare Professional Associations (HCPA), Inter-Governmental Organizations (IGO), Non-Governmental Organizations (NGO), Partner Governments (PG), Private Sector (PS) and the United Nations Agencies (UNA). By mobilising its diverse network of partners, and through its core functions (Alignment, Analysis, Accountability, and Advocacy), PMNCH aspires to support countries' efforts towards achieving the health an related SDG targets set out under the Global Strategy for Women's Children's and Adolescents Health three objectives – Survive, Thrive and Transform.

PMNCH's current Strategic Plan, 2016-2020, which is directly aligned with the Every Woman Every Child Global Strategy, includes four main strategic objectives (SO):

- SO1: Prioritise engagement in countries
- SO2: Drive accountability
- SO3: Focus action for results
- SO4: Deepen Partnership

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[For more information please see The Partnership's value proposition at county level document and Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child¹](#)

In 2012, Ministry of Health and Family Welfare (MoHFW), Government of India set up the RMNCAH Coalition (refer Z.28020/162/2012-CH dated May 1, 2012), a group of policy and program leaders committed to raising awareness, fostering collaboration and advocating for improved programs to achieve RMNCH outcomes in India.

Subsequently, there have been a number of developments in particular, the approval of India's National Health Policy 2017, Sustainable Development Goals 2030 and Global Strategy for Women's, Children's and Adolescents' Health (2016-30). In this context, there is a felt need for revisiting the RMNCH Coalition in terms of objectives, functions, members and working arrangements.

The Coalition seeks to support improvement in RMNCAH outcomes, **through alignment and partnership building by:**

- Reinforcing and aligning existing coordination mechanisms to facilitate inclusive multi-stakeholder engagement - including by reviewing the SRMNACH partner landscape and cross-sectoral linkages, as appropriate
- Identifying priority areas to be addressed e.g. Adolescent health, Early Childhood Development, Quality assurance/Quality, Equity, Dignity
- Identifying and articulating problem statements in the priority areas. These could include communications and advocacy needs for upscaling of innovations/best practices amongst states e.g. documentation, dissemination to promote information-sharing, social, behavioural and community engagement, repositioning RMNCAH to attract greater attention in high priority states/districts, modifying existing guidelines etc.
- Developing actionable recommendations in each priority area based, inter alia, on global recommendations/best practices
- Facilitating implementation of selected recommendations.

3. Proposed scope of work (ToR of the RMNCH Coalition annexed)

The provider's tasks would include but not be limited to the following:

I. Communication and Administrative Support

- Maintain records and essential materials and documents pertaining to the Coalition
- Support Coalition meetings (e.g. preparation of agenda documents, managing correspondence and attendance lists, preparing and disseminating minutes)
- Provide document preparation services (e.g., editing, formatting Coalition publications)
- Contribute to the administrative evolution of the RMNCAH Coalition and enable sustainability and transition to the Ministry
- Develop regular communications collaterals. This will include:
 - Bi-monthly email blasts from the Additional Secretary and Mission Director, MoHFW and bi-annual e-newsletter
 - Providing content² for Facebook page, twitter handle of MoHFW and HFM
 - Key messaging around the Coalition for external and global audiences

¹ http://www.who.int/pmnch/activities/countries/partnership_value_add.pdf

https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF%20Country%20Platform%20guidance%20note.pdf

² Includes designing of content

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- Be the link between national coalition members and PMNCH to enable sharing of learnings

II. Technical Support

- Contribute to identification of priority areas, methodology followed by Task Forces and ensure synergy across work stream/groups through the development and tracking implementation of stream/group guidelines and work planning
- Participate in meetings of work stream/groups
- Prepare monthly/quarterly progress reports across work stream/group for consideration of the Coalition members, including tracking of progress against plans and indicators of performance, variance analysis, recommendations for corrective action
- Provide inputs on carrying forward the implementation of recommendations and document implementation
- Contribute to the strategic and administrative evolution of the RMNCAH Coalition (e.g. recommendations in governance structures and methods of working).
- Preparation of reports documenting work of RMNCAH Coalition elapsed over first twelve months, including lessons learnt.

4. Technical Deliverables include

- Template/Guideline for functioning of Work streams/groups
- Quarterly progress reports (4)
- Documenting process / lessons learnt
- Documenting operationalisation of RMNCAH Coalition

5. Required competencies and experience

The appropriate provider should possess:

- Demonstrated ability to develop and implement advocacy and communication strategies with proven results;
- Demonstrated reputation and expertise in the field of reproductive, women's and child health and the determinants of improved quality, equity and dignity;
- Experience in convening and/or collaborating with partners from a range of backgrounds, including multi-lateral, bilateral, academic, government, non-governmental, and civil society;
- Established networks with partners from different organizations and constituencies, including a strong working relationship with the MoHFW and H6 Partnership and related partners in India;
- Track record of successful advocacy between health and non-health sectors on issues of common concern.

6. Place of assignment

Bidding for this contract is restricted to India-based organizations (nationally headquartered or affiliates of foreign-based organizations) with the legal right to operate in India.

7. Travel

No significant travel is anticipated.

8. Process

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The providers will work in close coordination with MoHFW, country partners and Secretariat on an ongoing basis to deliver this work.

9. Project duration: 12 months

10. Information for prospective bidders

i. Value of contract

In their submission, interested bidders are required to attach a fully detailed financial proposal. The contract(s) will be established in the form of an Agreement for Performance of Work (APW) between The World Health Organization (WHO) –host institution of PMNCH- and the successful bidder.

ii. Bidding process

The following documents should form part of the bidding package:

- Statement of Interest summarizing programmatic activities, qualifications and motivations, including proposed budget/detailed financial proposal
- A recent organizational profile, indicating current legal status, history, management and staffing structure
- Financial balance sheet indicating current income and sources of funding

Bids should be sent by e-mail to pmnch-rfp@who.int. E-mails should indicate '2017NMC017 Support RMNCAH Coalition, Partners Forum 2018' in the subject line.

iii. Selection process

PMNCH will convene a committee to review applications. Selection of the successful bidder will be communicated during December 2017.

iv. Communications during the application period

Prospective applicants requiring clarifications can write to: pmnch-rfp@who.int

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DRAFT TERMS OF REFERENCE

BACKGROUND

In 2012, Ministry of Health and Family Welfare (MoHFW), Government of India, set up the Reproductive, Maternal, Newborn and Child Health (RMNCH) Coalition (refer Z.28020/162/2012-CH dated May 1, 2012), a group of policy and program leaders committed to raising awareness, fostering collaboration and advocating for improved programs to achieve RMNCH outcomes in India.

Subsequently, there have been a number of developments in particular, the approval of India's National Health Policy 2017, Sustainable Development Goals 2030 and Global Strategy for Women's, Children's and Adolescents' Health (2016-30). In this context, there is a felt need for revisiting the RMNCH Coalition in terms of objectives, functions, members and working arrangements.

TITLE

The earlier coalition would now be called "Reproductive, Maternal, New Born, Child and Adolescent Health (RMNCAH) Coalition."

OBJECTIVES

The Coalition seeks to support improvement in RMNCAH outcomes, **through alignment and partnership building by:**

- Reinforcing and aligning existing coordination mechanisms to facilitate inclusive multi-stakeholder engagement - including by reviewing the SRMNACH partner landscape and cross-sectoral linkages, as appropriate
- Identifying priority areas to be addressed e.g. Adolescent health, Early Childhood Development, Quality assurance/Quality, Equity, Dignity
- Identifying and articulating problem statements in the priority areas. These could include communications and advocacy needs for upscaling of innovations/best practices amongst states e.g. documentation, dissemination to promote **information-sharing, social, behavioural and community engagement**, repositioning RMNCAH to **engender greater attention to RMNCAH** in high priority states/districts, modifying existing guidelines etc.
- Developing actionable recommendations in each priority area based, inter alia on global recommendations/best practices
- Facilitating implementation of selected recommendations.

GOVERNANCE STRUCTURE AND METHOD OF WORKING

The RMNCAH Coalition would be chaired by Additional Secretary & Mission Director, National Health Mission, while Joint Secretary (RCH) would be the Co-chair. The Deputy Commissioner (Child & Adolescent Health) would be the Member-Secretary.

The governance arrangement builds on structures devised for the Coalition in 2012 and will comprise of members, and work stream/group for each priority area; each workstream/ group will have a convenor/co-convenor. The RMNCAH Coalition will be supported by a Secretariat.

Members

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The Members of the Coalition would represent a wide range of stakeholder groups operational both at the national and state level, in particular: Government responsible for determinants of health (i.e. nutrition, water & sanitation, education, rural & urban development); academia, research & training institutions; health care professional associations; local bodies (panchayats and nagar palikas); adolescents & youth organizations; NGOs; private sector; bi-lateral and multi-lateral donors; and the media.

The Coalition would be responsible for identifying priority areas to be addressed in the national RMNCAH landscape, building work stream/groups, identifying and providing necessary resources for each working group and providing oversight. The Coalition would meet, as and when required and at least once a quarter.

Work Stream/ Group

For each priority area, a work stream/group consisting of interested members would be established. The work stream/group would be responsible for carrying out a situation analysis, and developing actionable recommendations. The work stream/group will prepare a work plan with a time line, identify team members responsible for each activity and indicators of success; **identify and pool necessary resources**, facilitate/ensure implementation and report back to the Coalition. The work stream/group would meet as and when required, possibly once a month.

The Convenor/Co-Convenor would be responsible for convening the group, maintaining minutes and arrangements for smooth functioning of the work stream. The Convenor/ Co-convenor would also keep the Coalition Secretariat informed of its key activities, in particular, by way of sharing the call / agenda for a meeting and subsequent minutes.

INDICATORS OF PERFORMANCE OF THE RMNCAH COALITION

Output/Impact

- Number of recommendations accepted by the Coalition Members
- Number of recommendations implemented
- Impact of recommendations assessed

Process

- Number of priority areas identified and work stream/group established
- Number of recommendations provided by each work stream/group
- Number of RMNCAH Coalition Members meetings held and minutes disseminated
- Process for implementing the selected recommendation initiated