ENHANCING NUTRITION MONITORING, EVALUATION, RESEARCH, AND LEARNING IN THE HEALTH SECTOR (NuMERAL)

REQUEST FOR EXPRESSION OF INTEREST (REOI)

Submitted: December 2, 2024

Salt pan worker in Marakkanam, Tamil Nadu, India. © 2012 Sandip Dey. https://commons.wikimedia.org/wiki/File:Marakkanam_Salt_Pans.JPG

REOI NUMBER: REOI_NuMERAL_002
TASK ORDER NUMBER: 7200AA23CA00021
RTI PROJECT NUMBER: 0219290

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Annexes

List of Exhibits

Exhibit 1. REOI/NuMERAL/02/2024 Timeline

Reference:	REOI/NuMERAL/02/2024
REOI Release Date:	December 2, 2024
Applicant Questions Due Date:	December 13, 2024
Q&A Publication Date:	December 20, 2024
REOI Closing Date:	January 17, 2025
EOI Submission Email:	NuMERAL_procurement@rti.org
Anticipated Completion of EOI Selection Process:	January 31, 2025
Anticipated Co-Creation Process:	February 3, 2025—March 3, 2025

This request outlines the information required from applicants to submit an Expression of Interest (EOI) for consideration. Applicants are expected to review, understand, and conform with all specifications. Selected applicants will participate in a co-creation process with the Enhancing Nutrition Monitoring, Evaluation, Research, and Learning in the Health Sector Activity (NuMERAL) consortium before developing and submitting a full application.

SECTION 1: AWARD INFORMATION

This is a call inviting local, regional, or international organizations to submit an EOI(s). The applicants must be legally registered and have experience, presence, and an organizational mandate to operate in the proposed geographic area. Innovative ideas or activities are encouraged. Organizations can submit multiple EOIs.

The application process will consist of three phases:

- **Phase 1**: Submission of an EOI in response to this request.
- **Phase 2:** Successful applicants will receive a full award.
- **Phase 3:** Selected applicants participate in a co-creation process with the NuMERAL consortium to refine the research study, develop a study protocol, and create an evidence-to-practice plan.

NuMERAL anticipates issuing three to six subawards with an expected value of U.S. dollar (USD) 30,000 to USD 50,000. This range may be refined after the co-creation process. The performance period for each subaward is expected to be up to 8 months.

The number and value of awards is dependent on the scope and the quality of the EOIs and full applications received, their alignment with NuMERAL objectives, and available funding. NuMERAL reserves the right to award the successful applications fully, partially, or to make no award.

SECTION 2: OVERVIEW

A. About NuMERAL

Achieving optimal nutrition and early childhood development (ECD) outcomes at scale mandates new ways of working and learning. This involves bringing together a diverse group of health sector leaders, program implementers, policymakers, and researchers to collaboratively generate and use

evidence in shaping holistic policies and programs.

The NuMERAL Activity is a 5-year (2023–2028) project funded by the United States Agency for International Development (USAID) and implemented by RTI International and partners. RTI leads and manages the NuMERAL consortium and works in collaboration with the African Population and Health Research Center (APHRC); International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b); and the University of California, Davis.

NuMERAL's goal is to fill evidence gaps and enhance nutrition and ECD outcomes implemented through health systems, as well as interventions aiming to improve the nutrition, health, and general well-being of individuals and populations. NuMERAL works with local partners to strategically design, implement, disseminate, and use such evidence to strengthen policies and programs that improve human nutrition at the national, regional, and global level.

NuMERAL is committed to supporting local research, monitoring, and evaluation, and translating findings to inform country-level and cross-national learning, collaboration, and action across the following three focus areas:

- Mainstreaming nutrition in reproductive, maternal, newborn, child, and adolescent health policies and services
- Integrating responsive caregiving and opportunities for early learning into nutrition policies and programs
- Improving assessment and prevention of micronutrient deficiencies and anemia.

B. Relevance of monitoring iodine deficiency and universal salt iodization programs

Iodine is a critical component of the thyroid hormones and iodine intake affects thyroid function at both low and high intake. Severe iodine deficiency results in hypothyroidism, which in turn has far-ranging effects on growth, cognition, neurodevelopment, morbidity, and economic productivity (Zimmermann and Boelaert 2015; Pearce et al. 2016; Bath 2024). Mild-to-moderate iodine deficiency may also negatively affect the cognitive development in the offspring (Zimmermann and Boelaert 2015; Pearce et al. 2016; Bath 2024) and increase the risk for hyperthyroidism in adults and elderly (Taylor et al. 2024; Wiersinga, Poppe, and Effraimidis 2023; Zimmermann and Boelaert 2015). Conversely, excess iodine exposure can cause both hypothyroidism or hyperthyroidism (Sohn et al. 2024).

Significant progress has been made in control of iodine deficiency, with universal salt iodization being the primary mode for prevention of iodine deficiency disorders. Salt iodization is a low-cost and sustainable intervention implemented in many countries globally and has shown to consistently improve iodine status across the world (Zimmermann and Andersson 2021). Currently, 118 out of 132 countries with national or subnational data report adequate iodine nutrition, as measured by median urinary iodine concentration (mUIC) (Zimmermann and Andersson 2021). However, despite overall adequate iodine status worldwide, iodine deficiency is still present in countries with no salt iodization, as well as in regions within countries (or population subgroups) where salt iodization implementation is challenging and its coverage is incomplete. Further, in a few countries with previously well-functioning programs, populations have relapsed into iodine deficiency.

SECTION 3: SCOPE OF ACTIVITY

Accurate, feasible, and sustainable iodine status surveillance

Background

Timely and reliable data on nutrition status are essential for the efficient implementation of programs that address nutrition priorities. Nationally representative studies are the gold standard in advising governments on program performance and enabling systematic global monitoring of nutrition targets across countries. In recent years, there has been a growing emphasis on enhancing monitoring and reporting systems at the country level. This includes promoting national nutrition surveys, improving the methods used, and obtaining representative subnational data in populations with a higher risk of nutritional gaps (WHO 2017; Micronutrient Forum 2024; USAID 2024). Despite progress, the pace remains slow due to barriers, such as political commitment, logistical challenges, and high costs, which hinder more frequent national nutrition surveillance.

Monitoring and surveillance of iodine status

The WHO recommends periodic monitoring of iodine status using the mUIC in nationally representative cross-sectional studies every 3 to 5 years (WHO, UNICEF, and ICCIDD 2007). mUIC is an appropriate biomarker for assessing a population's iodine status, as it reflects recent iodine intake from all dietary sources (Zimmermann and Andersson 2012).

Box 1: Challenges and Opportunities in Monitoring and Surveillance of iodine status

Challenges:

- Iodine status usually derived from nationally representative surveys which are infrequent, time-intensive, expensive, and need large sample sizes.
- Infrequent national studies may fail to provide timely information of changes in iodine intake, as well as overlook pockets of iodine deficiency and excess.
-
- Surveys are stand-alone activities.

Opportunities:

- Surveillance studies can monitor any population groups, e.g. school-age children, women of childbearing age and/or pregnant women.
- Surveillance settings can be varied, e.g. schools, health care facilities, or households.
- Surveillance studies can be integrated with other data collection activities.

mUIC has traditionally been assessed in primary school children aged 6–12 years because school-based studies have been regarded as practical, and children in this age group are considered representative of the general population (WHO, UNICEF, and ICCIDD 2007). Iodine surveys in children typically use a two-stage probability proportionate to size cluster sampling design, involving 30 clusters (schools) with 30 individuals in each cluster[1] (WHO, UNICEF, and ICCIDD 2007). However, mUIC may be monitored in any demographic population group (WHO, UNICEF, and ICCIDD 2007) and can be measured in stand-alone iodine studies using a nationally representative random sample frame or be added to national nutrition surveys and studies monitoring sodium intake. Many countries have shifted to monitoring specifically toward vulnerable population groups, e.g. women of childbearing age and/or pregnant women (WHO, UNICEF, and ICCIDD 2007; Fischer et al. 2023).

Nationally representative studies typically involve a large sample size, may take up to 2 years to execute, and are costly. Only a handful of countries have established routine national iodine status surveillance complying with WHO's recommendation. In reality, representative national studies are

[1] This methodology requires to be reviewed because the parameter of interpretation is the population mUIC. Perhaps, a smaller number of individuals may be needed.

often carried out only every 10–15 years, or less frequently, and data for many countries is outdated (The Iodine Global Network 2024). Consequently, gaps in the coverage and assessment of biological impact of national salt iodization may not be identified in a timely manner, potentially putting vulnerable population groups in areas not reached by iodized salt at risk of iodine deficiency or iodine excesses. Pockets of excessive iodine intake (due to too high salt iodine content or iodine exposure from ground water or other sources) may also remain undetected.

Reliable and cost-effective iodine surveillance methods complementing national surveys are needed to quickly identify program shortcomings and identify populations at risk of iodine deficiency (or excess) at an early stage (like a "pre-warning"), between regular national nutrition surveys. This would allow timely and strategic allocation of resources to strengthen or adjust programs where needed or initiate alternative interventions when necessary. Surveillance could, for example, be established in sentinel sites, schools, or health care facilities, such as gynecological- and antenatal care units. Few studies have evaluated the feasibility for more integrated permanent surveillance systems. More data is needed to provide evidence-guiding recommendations for this approach (i.e., sampling strategies and procedures, sample size, systems for sample collection and processing, etc.). These challenges in monitoring iodine status and opportunities for surveillance studies are summarized in Box 1 above.

Biomarkers and analytical tools for iodine status

mUIC measured in casual spot urine samples or 24-hour urine collections is an appropriate biomarker for assessing a population's iodine status, as it reflects current iodine intake from all dietary sources (Zimmermann and Andersson 2012). Due to the high intra- and inter-variability of iodine intake, mUIC cannot be used to assess individual iodine intake or to diagnose iodine deficiency (Zimmermann and Andersson 2012). Iodine deficiency and excess in populations are instead defined by comparing population mUIC to thresholds set by WHO (WHO, UNICEF, and ICCIDD 2007; WHO, WFP, and UNICEF 2007). However, an overall mUIC above the threshold for iodine sufficiency does not preclude iodine deficiency in some groups and individuals in the population. Similarly, a low mUIC suggests overall iodine deficiency in the population, but does not provide information on the prevalence of iodine deficiency in the population (Zimmermann and Andersson 2012). Spot urine samples may also vary in dilution depending on the individual's hydration state at the time of sample collection. Low urine volumes may overestimate iodine intake and mask iodine deficiency in spot mUIC results, whereas large volumes may underestimate intake (Johner et al. 2016; Beckford et al. 2020; Arns-Glaser et al. 2022). Methods to estimate the prevalence of inadequate iodine intake accounting for day-to-day variability and urine volume are available (e.g. the estimated average requirement (EAR) cut-point method) and may improve the precision of iodine surveillance but have not been widely adapted in iodine surveys (Zimmermann and Andersson 2012; Bertinato, Qiao, and L'Abbé 2021; Arns-Glaser et al. 2022; Fischer et al. 2023). More data evaluating the usefulness of such methods alongside mUIC are needed from different geographical areas and demographic populations.

Effects of iodine nutrition on thyroid function and thyroid disorders

Representative population-based studies on the prevalence and incidence of thyroid dysfunction and disease are scarce, particularly in low- and middle-income countries (Okosieme and Lazarus 2015; Taylor et al. 2018; Acosta, Singh Ospina, and Brito 2024). More data are needed to understand the role of iodine nutrition and the impact of salt-iodization programs on thyroid disease prevalence in these regions.

Learning Question

Question: How can iodine status monitoring systems be improved to enable accurate, feasible, cost-effective, and sustainable periodic surveillance?

This solicitation invites research on how to strengthen iodine status monitoring and surveillance, with the aim to detect iodine inadequacy and deficiency and/or iodine excessive intakes or its negative consequences more effectively and timely. This could include, but is not limited to, studies that evaluate the following domains: (1) design of surveillance approaches (e.g., epidemiological design, sampling frame/facility of choice, target population, sample size evaluation); (2) methods to improve the precision of iodine status assessment, e.g. the EAR cut-point method, evaluation of new biomarkers, etc.; and, (3) association between iodine status and thyroid function. *The domains above cover many topics; and EOIs do not need to address all the domains listed above in a single application.* Research could involve optimizing existing nutrition monitoring models and methods or testing new innovative approaches. It is preferable for the primary research outcome to be evaluated against methods currently recommended by WHO (WHO, UNICEF, and ICCIDD 2007), which may depend on the proposed research question. This can, for example, be achieved by embedding the research into existing monitoring and surveillance system, or as an add-on to an existing program.

Types of research studies supported under this REOI and illustrative examples
The study designs for the research studies that we will support under this REOI will depend on the proposed research aim and question. Types of research studies that can address the aforementioned domains include, **but are not limited to**, the following:

- Operations research, process evaluation, quality improvement/assurance, and monitoring and evaluation.
- Cross-sectional, small-scale comparative studies
- Longitudinal quantitative analyses with secondary data.

Illustrative research activities

The examples below are brief illustrative ideas from the four domains of iodine surveillance mentioned under the learning questions. These are indicative of potential field studies—they are **not indicative of NuMERAL priority ranking**. Other domains, and research ideas are welcome, within the scope of the learning question.

1) Use of health facilities to integrate iodine surveillance into routine surveillance approaches reaching children, women of reproductive age, and pregnant women.
2) Evaluation of sentinel surveillance methods to identify geographical areas and/or population groups with iodine deficiency
3) Modelling analysis to determine the optimal study design (including sampling frame and sample size for iodine status studies/surveillance methods using existing data.
4) Cross-sectional population-based study assessing iodine status and thyroid function alongside. This can for example be done by adding thyroid function parameters to an already planned mUIC study.

SECTION 4: ELIGIBILITY INFORMATION

A. Geographic location

All applicants must be based in a country with a USAID presence and are required to be registered in the country of operation. Regional or international organizations (based in a country with a USAID presence) are required to be registered in one or more of the countries they operate in.

Organizations based in the following countries are not eligible for funding under this solicitation, but may be eligible under future solicitations: Afghanistan, Algeria, Bahrain, Belarus, Burma, Chad, China, Colombia, Cuba, Curaçao, Djibouti, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Guinea-Bissau, Iran, Iraq, Lebanon, Libya, Macau, Mexico, Nicaragua, Papua New Guinea, Peru, Philippines, Russia, Saint Maarten, Somalia, South Sudan, Sudan, Sri Lanka, Syria, Trinidad & Tobago, Tunisia, Turkmenistan, Venezuela, West Bank/Gaza, and Yemen. Interested institutions from these countries could approach NuMERAL to check eligibility for future opportunities.

B. Types of eligible organizations

The REOI is open to the following eligible organizations:

- Universities or other research or learning institutes
- Parastatals[2]
- Community-based organizations
- Civil society organizations
- Nongovernmental organizations
- Private sector companies.

C. Types of ineligible organizations

The following types of organizations are not eligible to receive funding under this REOI:

- Political parties, groupings, or institutions, or their subsidiaries and affiliates
- Government entities
- Organizations that appear as ineligible on the System for Award Management (SAM), UN 1267, and/or OFAC/SDNBP lists
- Organizations that promote or engage in illegal activities or anti-democratic activities
- Faith-based organizations that are not in compliance with ADS 303.3.28, which is in accordance with Executive Order 13279, Equal Protection for the Laws of Faith-based Community Organizations, and/or whose objectives are discriminatory or religious in nature
- An organization that refuses to register for a unique entity identifier (UEI)
- Organizations that are not legally registered in the country of implementation
- Any entity that has been found to have misused USAID funds in the past 3 years
- Organizations that are employers of or managed by staff from USAID, RTI, APHRC, icddr,b, or the University of California Davis that work on the NuMERAL Activity, or their immediate family members.

[2] Parastatals that are universities or research institutions may be eligible if they can meet certain criteria. Eligibility for such institutions will be determined on a case-by-case basis.

D. NuMERAL encourages EOIs from:

- Organizations based in low- and middle-income countries (LMICs).[3]
- Local or regional organization (based in a country with a USAID presence). A local organization is defined as an organization that (1) is legally organized under the laws of the same country of the proposed work and (2) has its principal place of business or operations in the same country of the proposed work. Local organizations are required to be registered in the country of operation. Regional organizations (based in a country with a USAID presence) are required to be registered in one or more of the countries they operate in.
- Local organizations in USAID's 18 Nutrition Priority and Nutrition Strategic Support Countries: Bangladesh, Burkina Faso, Democratic Republic of Congo, Ethiopia, Ghana, Guatemala, Haiti, Malawi, Mali, Mozambique, Nepal, Niger, Nigeria, Senegal, Tajikistan, Tanzania, Uganda, and Zambia.
- Organizations led by diverse groups that include women, people with disabilities, minorities, and other populations.

E. Additional requirements

The applicant must:

- Be legally registered and licensed to operate in the country of study in an eligible geographic location. Local or regional organizations may seek partnerships with international organizations based in high-income countries to provide technology transfer and/or laboratory services. The role of these organizations in high-income countries must be clearly delineated in the proposal.
- Be compliant with local laws and statutes.
- Be able to provide proof of automobile, general liability (also known as public liability) and workers compensation/employers liability insurances. Insurance costs can be included in the subaward budget.

F. Technical requirements

- Knowledge and experience in iodine deficiency disorders and/or universal salt iodization.
- Experience in conducting research, monitoring, and evaluation in assessments, management, and prevention of the field of iodine deficiency.
- Ability to interact effectively with a broad range of stakeholders within the proposed country to translate evidence to practice.
- Capacity to carry out the proposed work- technical expertise within the organization, access to laboratory facilities, prior experience carrying out research on iodine.
- Organizations would require access to a national ethical review committee prior to implementation of the work.
- Commitment to promoting equity, intersectionality, and opportunities for diverse

[3] LMICs are countries of per capita income as defined using the World Bank classification system (according to gross national income per capita. See http://data.worldbank.org/about/country-classifications/country-and-lending-groups).

populations.

G. Reporting requirements

- Be able to submit regular progress reports, including information on key performance indicators.
- Provide financial, technical, and deliverable reports as outlined in the subaward.
- Report any conflict of interest (COI) that may exist at the start or develop over the course of the project.
- Submit datasets and/or intellectual work with NuMERAL funds in compliance with the Development Data Library (DDL) requirements.

H. Unique entity identifier (UEI)

Although not required at the EOI submission phase, applicants are encouraged to obtain their UEI number by registering through SAM (https://www.sam.gov). NuMERAL will not make a Federal award to any applicant until the applicant has provided their UEI number.

SECTION 5: SUBMISSION INFORMATION

A. Format and submission process

Interested applicants should electronically submit an EOI in PDF format using the provided instructions and templates in Annex A and Annex B. The EOI must include a cover page, a short introduction and/or organization profile, a planned scope of work that is a maximum of 4 single-spaced pages, proof of legal registration, professional certifications/memberships, past performance references, CVs or resumes for key personnel, and a budget. Please note that applications with a planned scope of work longer than 4 pages will not be reviewed. EOIs must use Arial font size 11 and be written in English, French, Portuguese, or Spanish. EOIs should be emailed to NuMERAL_Procurement@rti.org **on or before January 17, 2025, 5:00 p.m. ET**. The subject line should include the REOI number and applicants name, in the following format: "Expression of Interest EOI/NuMERAL/02/2024/[applicants name]."

A complete submission must include the following:

1. Cover page (excluded from the 4-page limit)
2. Short introduction and/or organization profile (suggested length of 1-2 pages; excluded from the 4-page limit)
    a. Organization overview: Description of the existing organization structures, available resources and infrastructure, and experience in implementing similar research projects.
    b. Presence: Describe the organization's presence in the country of work
    c. Management team: Brief narrative of the key personnel, including their training and experience in iodine research and programs, biochemistry, monitoring and evaluation, and implementation science and research.
3. Planned scope of work (**not to exceed 4 single-spaced pages**; timeline and citations are excluded from the page limit).
    d. **Statement of the problem:** Describe how the proposed work will address the learning question outlined in the REOI (Section 3: Scope of Activity).
    e. **Significance:** Explain how the proposed work is directly applicable to a policy or program need in the local context.

f. **Research aim(s):** Specify the overall purpose of the study.
g. **Research question(s):** State a research question(s) related to one or more domains outlined in the Learning Question section (Section 3: Scope of Activity) that is specific, answerable, need-to-know, and can be answered through the proposed work.
h. **Approach:** Define the study population, study design, methodology, and analysis.
i. **Implementation plan:** Describe how the work will be conducted, including the anticipated process (this includes a quality assurance plan that monitors adherence to the protocol and documents deviations from it) and the plan for applying to country institutional review boards (IRBs) if human subjects research will take place.
j. **Timeline:** Briefly describe the expected timing for the activity, showing major tasks and a timeline, inclusive of country IRB approval (excluded from the 4-page limit).
k. **Citations**: List citations using your preferred citation style (excluded from the 4-page limit).

4. Draft budget for the planned scope of work. See template in Annex B (excluded from the 4-page limit).
5. Proof of legal registration (excluded from the 4-page limit). International organizations are eligible to apply if they are legally registered and licensed to operate in the country of study.
6. Maximum of three CVs or resumes for all proposed and qualified key personnel (such as principal investigator, collaborators, and other researchers). Each CV or resume is limited to 4 pages (excluded from the 4-page limit).
7. If available, valid professional certifications/memberships (excluded from the 4-page limit).
8. If available, up to three past performance references for projects or services of a similar nature and scope, as outlined in this REOI, that have taken place in the previous 5 years (excluded from the 4-page limit).

B. Questions and clarifications

Questions and clarifications regarding this solicitation should be submitted in writing to NuMERAL_Procurement@rti.org no later than **December 13, 2024, 5:00 p.m. ET**. NuMERAL will respond directly to the questions submitted in writing and if appropriate, release a modified REOI. Verbal information received from NuMERAL employees or any other entity should not be considered an official response.

SECTION 6: REVIEW INFORMATION

A. Overview

All EOIs submitted under this REOI will be evaluated by the NuMERAL technical evaluation committee (TEC) in accordance with the stipulated evaluation criterion below. Organizations with successful EOI(s) that demonstrate an alignment with project objectives and that satisfy the minimum requirements will receive the award and participate in a co-creation process to develop a common standardized protocol.

B. Evaluation criteria

NuMERAL will evaluate the technical merit of the EOIs submitted. EOIs will be screened. Those that do not meet the minimum requirements will not be evaluated by the TEC. Eligible EOIs will be evaluated based on the standard criteria in the table below.

Exhibit 2. Evaluation Criteria

Evaluation Criterion	% Score
Significance: The proposed activities demonstrate a clear understanding of the aims and research questions outlined in the REOI, and the significance of the problem in the local context. The proposal demonstrates that the proposed activities are relevant and responsive to an expressed need in the context where the activities are based. Outputs of the proposed activities has the potential to meaningfully contribute to relevant policies and practices.	15
Technical merit: The proposed overall research strategy, methods, and laboratory and/or statistical analyses are appropriate to accomplish the specific aims and research questions. The technical methods are adequately described and complete. For research that involves human subjects, the planned approach adequately protects human subjects.	20
Implementation plan: The proposal describes activities that align with the research question(/s) and are feasible within the timeline. The proposal describes potential constraints. A quality assurance plan is outlined in the application, which identifies steps to ensure its adherence and a mitigation plan for deviations from the protocol. The plan for reporting of results is clearly explained.	15
Organizational resources: Evidence that the environment in which the work will be done has sufficient institutional support and the resources required to carry out the proposed activities. Demonstration that the principal investigator, collaborators, and other researchers have the appropriate experience and training to support proposed activities. The leadership approach, governance, and organizational structure are appropriate for the proposed activity.	20
Cost analysis: The proposal includes a budget in which costs are allowable, allocable, and reasonable for the proposed project. The budget outlines an amount of work that is feasible for the funding level with sufficient levels of effort for staff. The proposed activities are feasible based on the funding amount and the use of existing resources. The budgets will be standardized to account for geographical price variation.	20
Equity: The learning being generated incorporates equity and the outputs will drive more equitable policies and programs. Equity is explicitly accounted for in approaches for generating and translating evidence, including intentional design, methods, and translation in a way that promotes equity and benefits and engages diverse populations. Demonstration of the extent to which the proposed activities plan to engage with diverse and vulnerable groups and involve women.	10
Total	**100**

Using the above evaluation criteria, the TEC will score and rank each EOI and recommend the applicants for selection into the co-creation process. During the co-creation process, all the selected applicants will work with NuMERAL to develop a common standard protocol for their studies. The co-creation process will also include the development of an evidence-to-practice plan. After the co-creation process, the selected applications will be invited to submit a full proposal and budget that incorporates the changes introduced during the co-creation process. There will not be a page limit for the scope of work for the full proposal. After the submission of the full proposal, the applicants will undergo a pre-award risk assessment to adequately evaluate the organizations' systems to determine their ability to receive and manage USAID funds. The final award will be made after the pre-award risk assessment. Additional clauses (Annex C) will also apply to the award.

Disclaimer: The publication of the REOI does not constitute an award commitment on the part of NuMERAL, nor commit the project to pay costs incurred in the preparation of and submission of an EOI. Further, NuMERAL reserves the right to reject any or all EOIs received. Similarly, an invitation for further negotiations or to submit a full application is not a commitment to fund that application. Subaward funding is subject to approval from USAID.

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ANNEX A. EOI Submission Outline

Please submit the EOI as outlined below to address the following key headings:

1. Cover page
    a. Study title
    b. Organization address, location(s), and point of contact information
    c. Ownership/type of entity
    d. Proposed duration for planned scope of work (up to 8 months)
    e. Proposed total budget for planned scope of work
    f. Proposed country
2. Short introduction and/or organization profile (suggested 1-2 pages)
    a. Organization overview
    b. Presence
    c. Management team
3. Planned scope of work (not to exceed 4 single-spaced pages)
    a. Statement of the problem
    b. Significance
    c. Research aim(s) and Research question(s)
    d. Research methods
    e. Implementation plan
        i. Quality Assurance plan
    f. Timeline (excluded from the 4-page limit)
    g. Citations (excluded from the 4-page limit)
4. Proposed Budget
    a. Provide a proposed budget for carrying out the work described in the planned scope of work (see Annex B)
5. Additional documents
    a. Proof of legal registration
    b. Copies of valid professional certifications/memberships (optional)
    c. Three past performance references (optional)
    d. Maximum of three CVs or resumes (4-page limit for each CV or resume submitted)

ANNEX B. Budget Categories

Please submit a budget in the **local currency and dollars** with the following cost categories. You must also include a budget narrative that explains the budget and basis for the costs. See a sample budget format below. The expenditure types included in the sample budget below are illustrative and can be modified as required.

- **Labor:** Include daily rate and total number of days required per person
- **Fringe benefits:** Include any required fringe benefits for organization staff
- **Travel and transportation:** Include all travel-related costs (per diems, transportation, lodging, etc.)
- **Equipment and supplies:** Include any equipment required
- **Other direct costs:** Include all costs not related to travel and equipment

Exhibit B-1. Sample Format for Labor

Name	Position	Unit	Daily Rate	Total LC	Total USD
	Labor				
Ms. X	Project Director	10	150.00	1500.00	300.00
	Fringe				
Ms. X	Project Director	10%	150.00	150.00	30.00
Subtotal Labor				**1,650.00**	**330.00**

Exhibit B-2. Sample Format for Travel and Other Direct Costs

Cost Category	Destination	Units	Unit Cost	Total LC	Total USD
	Travel and Transportation				
Per diem	City Y	5 days	80.00	400.00	80.00
Lodging	City Y	5 days	100.00	500.00	100.00
Vehicle Transport	City Y	2 days	25.00	50.00	10.00
	Equipment and Supplies				
Z piece of equipment		1	500.00	500.00	100.00
	Other Direct Costs				
Communication		5 days	20.00	100.00	20.00
Copying		1 lot	50.00	50.00	10.00
Subtotal Travel, Equipment and ODCs				**1,600.00**	**320.00**
Grand Total				**3,250.00**	**650.00**

ANNEX C. Additional Clauses

1. **Representations and Certifications.** Winning suppliers under a U.S. Federal Contract are required to complete and sign, as part of your offer, RTI Representations and Certifications for values over $10,000.
2. **Anti-Kickback Act of 1986**. Anti-Kickback Act of 1986, as referenced in FAR 52.203-7, is hereby incorporated into this REOI as a condition of acceptance. If you have reasonable grounds to believe that a violation, as described in paragraph (b) of FAR 52.203-7 may have occurred, you should report this suspected violation to the RTI's Ethics Hotline at 1-877-212-7220 or by sending an email to ethics@rti.org. You may report a suspected violation anonymously.
3. **Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions.** Certification and disclosure regarding payments to influence certain federal transaction as referenced in FAR 52.203-11 is hereby incorporated into this REOI as a condition of acceptance.
4. **Limitation on Payments to Influence Certain Federal Transactions.** Limitation on payments to influence certain federal transactions as referenced in FAR 52.203-12 is hereby incorporated into this REOI as a condition of acceptance.
5. **Prohibition on Use of Certain Telecommunications and Video Surveillance Services or Equipment.** In accordance with Section 889 of the John S. McCain National Defense Authorization Act for fiscal year 2019, RTI cannot use any equipment or services from specific companies, or their subsidiaries and affiliates, including Huawei Technologies Company, ZTE Corporation, Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, and Dahua Technology Company ("Covered Technology"). In response to this REOI, please do not provide a quote that includes any covered technology. Any offer or proposal which includes covered technology will be deemed non-responsive.
6. Additionally, if the United States Government is the source of funds for this REOI, the supplier shall not provide any equipment, system, or service that uses covered technology as a substantial or essential component under any resulting awarded subcontract.