



**USAID**  
FROM THE AMERICAN PEOPLE

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

## REQUEST FOR EXPRESSION OF INTEREST (REOI)



**Submitted:** August 15, 2024

Naliendele dispensary. Nurse Pili Makota is recording the details of the client to whom she is handing out bed nets. © 2016 Riccardo Gangale/VectorWorks, Courtesy of Photoshare.

**REOI NUMBER:** REOI\_NUMERAL\_001

**TASK ORDER NUMBER:** 7200AA23CA00021

**RTI PROJECT NUMBER:** 0219290

This document was produced for review by the United States Agency for International Development. The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government. If you have any difficulties accessing this document, please contact [accessibility@rti.org](mailto:accessibility@rti.org).

**THIS PAGE INTENTIONALLY LEFT BLANK**

# CONTENTS

SECTION 1: AWARD INFORMATION	I
SECTION 2: OVERVIEW	I
A. About NuMERAL.....	I
B. Importance of nutrition and responsive care and early learning (RCEL) interventions to support better outcomes.....	2
SECTION 3: SCOPE OF ACTIVITY	3
Priority Topic 1: Design, implementation strategies, and evaluation.....	4
Priority Topic 2: Integrating nutrition and/or RCEL into the health system .....	4
Priority Topic 3: Impact of nutrition and/or RCEL services on nutrition and/or ECD.....	5
Priority Topic 4: Additive and synergistic effects of multiple interventions delivered in the same program.....	6
Types of research supported under this REOI and illustrative examples .....	6
SECTION 4: ELIGIBILITY INFORMATION	7
A. Geographic location.....	7
B. Types of eligible organizations.....	7
C. Types of ineligible organizations.....	8
D. NuMERAL encourages EOIs from.....	8
E. Additional requirements .....	8
F. Technical requirements.....	9
G. Reporting requirements.....	9
H. Unique entity identifier (UEI).....	9
SECTION 5: SUBMISSION INFORMATION	9
A. Format and submission process.....	9
B. Self-paced course on the NuMERAL REOI .....	10
C. Questions and clarifications .....	10
SECTION 6: REVIEW INFORMATION	10
A. Overview .....	10
B. Evaluation criteria.....	11
REFERENCES	12

## Annexes

---

ANNEX A. EOI Submission Outline

ANNEX B. Budget Categories

Annex C: Additional Clauses

## List of Exhibits

---

Exhibit 1. REOI/NuMERAL/01/2024 Timeline.....	I
Exhibit 2. Evaluation Criteria.....	II
Exhibit B-1. Sample Format for Labor.....	B-I
Exhibit B-2. Sample Format for Travel and Other Direct Costs.....	B-I

### Exhibit I. REOI/NuMERAL/01/2024 Timeline

Reference:	REOI/NuMERAL/01/2024
REOI Release Date:	08/15/2024
Applicant Questions Due Date:	09/05/2024
Q&A Publication Date:	09/12/2024
REOI Closing Date:	10/15/2024
EOI Submission Email:	NuMERAL_procurement@rti.org
Anticipated Completion of EOI Selection Process:	1/15/2025
Anticipated Co-Creation Process:	1/15/2025-4/15/2025
Anticipated Notification of Full Award:	2 months after co-creation completion

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 I: AWARD INFORMATION

This is a call inviting local organizations to submit an EOI(s). The applicants must be based in 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:** Selected applicants will 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.
- **Phase 3:** Selected applicants will develop and submit a full application.

NuMERAL anticipates issuing two to five subawards with an expected range of U.S. dollar (USD) 50,000 to USD 250,000. This range may be refined after the co-creation process. The performance period for each subaward is expected to be up to 24 months.

The number and value of awards is dependent on the scope and the quality of the EOIs and full applications received, their link to 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 levels.

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 (RMNCAH) 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. Importance of nutrition and responsive care and early learning (RCEL) interventions to support better outcomes**

Nutrition, caregiving, and early learning have essential roles in long-term health, growth, cognition, academic achievement, and productivity (United Nations Children's Fund [UNICEF] 2021). Countries have committed to improving nutrition and ECD outcomes by prioritizing actions that help achieve the United Nations Sustainable Development Goals of zero hunger, good health and well-being, and quality education.

However, countries need further evidence to inform the equitable scaling of evidence-based nutrition interventions and ensure their quality within national health systems (Heidkamp et al. 2020; Keats et al. 2021; Salam, Das, and Bhutta 2019). Additionally, although the effectiveness of ECD interventions is recognized, the evidence base is still evolving on which aspects of these interventions are the most impactful in different contexts and how to integrate them into existing systems (Black and Dewey 2014; Black et al. 2017).

Children who do not receive adequate care in the early years of life have an elevated risk of missing developmental milestones in childhood and may face diminished academic achievement, poor health and nutrition, and other negative outcomes in adulthood. The Nurturing Care Framework highlights five indivisible components that are needed for young children to thrive: (1) adequate nutrition, (2) good health care, (3) responsive caregiving, (4) opportunities for early learning, and (5) security and safety (World Health Organization [WHO], UNICEF, and World Bank Group 2018). This solicitation is primarily focused on components 1, 3, and 4 of the Framework, while recognizing the importance of the other components.

Malnutrition, in all forms, including undernutrition, overweight/obesity, and micronutrient deficiencies and excesses, has a major impact on the health and well-being of communities and nations. Many nutrition interventions are delivered through the health system, especially those that focus on promoting the health of children and mothers. These programs typically focus on preventing and treating malnutrition, ensuring the adequate intake of micronutrients, and promoting healthy dietary practices (Keats et al. 2021). See **Box 1** for further details.

RCEL activities are designed to promote ECD. Recently, there has been an increasing interest in delivering RCEL through the health system. RCEL interventions typically involve providers (e.g., child development workers, health care providers) working with caregivers at the community, small group, and/or individual levels to provide information and support RCEL, including role playing and demonstrations, plus practicing behaviors together (WHO, UNICEF, and World Bank Group 2018). See **Box 2** for further details.

### SECTION 3: SCOPE OF ACTIVITY

This Request for EOI (REOI) is designed to fill evidence gaps in the delivery of high-quality nutrition and RCEL services through the health system at scale. NuMERAL is currently seeking EOIs under this REOI to further explore four priority topics:

1. Innovative design, implementation strategies, and evaluation of nutrition and/or RCEL services delivered through the health system.
2. Identification of effective models for integrating nutrition and/or RCEL services into the health system.
3. Impact of nutrition and/or RCEL services delivered through the health system on intermediate nutrition and/or ECD outcomes.
4. Additive and synergistic effects of multiple interventions delivered in the same program through the health system on nutrition and/or ECD outcomes.

#### Box 1: Nutrition Interventions in Health Systems

- Kangaroo mother care for pre-term and low-birthweight newborns
- Management of moderate and severe acute malnutrition in young children
- Breastfeeding promotion, counseling, and support
- Delayed cord clamping
- Balanced energy protein supplementation for pregnant women
- Complementary feeding promotion
- Growth monitoring and promotion
- Adolescent, maternal, and child micronutrient supplementation, including iron-folic acid and multiple micronutrient supplements

Keats et al. 2021

#### Box 2: Responsive Caregiving and Early Learning

Responsive caregiving interventions:

- Encourage play and communication between caregiver and child.
- Promote caregiver sensitivity and responsiveness to the child's cues.
- Involve fathers, extended family, and other community actors in the child's care.
- Promote responsive feeding.
- Support caregiver's mental health.

Early learning interventions:

- Encourage young children to move their bodies, activate their five senses, hear and use language, and explore.
- Promote age-appropriate play with household objects and people.
- Encourage caregivers to engage with the child, including singing, talking, and telling stories to the child.

WHO, UNICEF, and World Bank Group, 2018

## **Priority Topic 1: Design, implementation strategies, and evaluation**

Over the last decade, significant research advancement has been made on maternal and child nutrition and ECD. This progress has resulted in better guidance on interventions to address malnutrition and support children to reach their developmental potential (Keats et al. 2021; Bhutta et al. 2013). Research efforts are increasingly focusing on how interventions are implemented in the real-world, under non-ideal situations; thus, providing a more genuine portrayal of their effectiveness (Keats et al. 2021).

### *Background and knowledge gap*

The health system is vital to delivering nutrition and RCEL services both at the facility and community levels. Designing effective nutrition and RCEL interventions requires careful analysis and planning, including considering context-specific factors, to ensure the efficient and high-quality implementation of interventions that are equitably distributed and result in wide-scale coverage (Heidkamp et al. 2020). However, considerable variability exists in how these services are delivered as part of routine RMNCAH services. There is much to learn about the mechanics of program delivery and in identifying the most effective models to scale-up.

To optimize the delivery of nutrition and/or RCEL interventions through the health system, implementation research is needed. This includes considering the use of layering, integration, and the role of delivering multiple interventions in the same program to enhance the effectiveness of the services provided (Britto et al. 2017). Such research can help identify and offer solutions to address gaps in coverage, quality, and equitable access to nutrition and RCEL services within RMNCAH. Addressing these current knowledge gaps is essential to successfully scaling up nutrition and RCEL services within health systems.

**Learning question:** How can interventions on nutrition and/or RCEL be delivered, adapted, integrated, or scaled into health systems?

This solicitation invites opportunities to strengthen the evidence on the delivery of nutrition and/or RCEL interventions through the health system. For RCEL interventions, it is preferable for them to be linked with nutrition, although it is not required. Evidence generation could include, but is not limited to, research on intervention content and intensity, delivery platforms and processes, adaptation, and monitoring and evaluation systems. Research could be embedded into existing programs, consist of an add-on to an existing program, or test a new innovative approach.

## **Priority Topic 2: Integrating nutrition and/or RCEL into the health system**

WHO defines integration as the management and delivery of services so that clients receive a continuum of preventive and curative care based on their needs across the health system (WHO 2018). In the context of RMNCAH services, integrating nutrition and RCEL refers to delivering interventions through the established service contact points across a broad range of health services, such as integrated management of childhood illness/integrated community case management, child health days, immunizations, and antenatal care services. Integrated interventions combine various strategies and services into cohesive programs, creating synergy and enhancing the overall effectiveness, compared to delivering each service separately. This approach is not only efficient but also serves as a catalyst for improving health outcomes.

### *Background and knowledge gap*

In recent years there has been a concerted effort to integrate nutrition and RCEL into RMNCAH services delivered through the health system. Despite the clear advantages, the extent to which nutrition services are integrated into routine RMNCAH services is not well known (Amouzou et al. 2019; King et al. 2022). There are also many implementation challenges related to fragmented



service delivery; therefore, approaches are needed to strengthen various health system components, including the supply chain, a skilled and motivated workforce, and provision of services, among others.

There is a critical need to identify the most effective ways to integrate nutrition within RMNCAH programs. Implementation research plays an important role in informing how to operationalize the integration of nutrition and RCEL into health systems using an equity-centered approach. Additionally, a better understanding is needed on the types of adaptations required to effectively integrate nutrition and RCEL services into the health system, considering the contextual variation that exists across and within countries. A significant challenge to integration is a lack of evidence regarding effective integration models and the reasons why they work.

**Learning question:** What are the drivers and processes of integrating nutrition and/or RCEL into the health system? How does this integration affect required inputs, such as human resources and capacity, financing, supplies, and supply chains?

This solicitation welcomes the generation of learning on current approaches, adaptations, or innovations for integrated service delivery of nutrition and/or RCEL in the health system. Evidence generation could include but is not limited to measuring the level of service integration, identifying bottlenecks and facilitators for integration, and assessing the impact of integration on the health system. This can be achieved by assessing existing models or approaches or testing new ones.

### **Priority Topic 3: Impact of nutrition and/or RCEL services on nutrition and/or ECD**

Efficacy trials have provided substantial evidence on the positive impacts of direct healthcare nutrition interventions on nutritional outcomes, while RCEL has shown to positively influence children's socioemotional and cognitive development (Black et al. 2023; Keats et al. 2021). The extent to which the integration of nutrition and/or RCEL services translates to improved outcomes in real-world settings is less well known.

#### *Background and knowledge gap*

Disparities in nutrition and ECD outcomes remain a major challenge, especially affecting marginalized groups and those in varied conditions, such as different geographies, socioeconomic status, gender, health, literacy, and educational backgrounds (Harris and Nisbett 2021; Celhay, Martinez, and Vidal 2020; Alao et al. 2021). Bridging these gaps requires expanding the reach of nutrition and/or RCEL interventions to individuals who access health services at either the facility or community levels; thus, significantly accelerating progress toward improved outcomes (King et al. 2021; Heidkamp et al. 2020).

Although there is a recognition of the importance of integrating nutrition services, and increasingly RCEL, into the health system, the impact this has on outcomes in different contexts is not well characterized. Research is needed on the key characteristics of nutrition and RCEL interventions that lead to improved outcomes when delivered through the health system. This is particularly important when considering scaling nutrition and RCEL interventions to ensure investments have the desired effect on children's health, nutrition, and development.

**Learning question:** How do models and approaches for more effective nutrition and/or RCEL services delivered through the health system, such as enhanced counseling or increased provider skills and knowledge, affect intermediate outcomes supporting improved nutrition or ECD outcomes?

This solicitation invites research on how implementation strategies affect nutrition and/or ECD outcomes or more intermediate outcomes along the program impact pathway. This can include studies that evaluate the role intervention content or intensity, delivery platforms, delivery

processes, or adaptation has on these outcomes.

#### **Priority Topic 4: Additive and synergistic effects of multiple interventions delivered in the same program**

Multiple interventions delivered simultaneously in combination with other services in the same program have the potential to have additive or synergistic effects on nutrition and ECD outcomes (Dulal et al. 2021).

##### *Background and knowledge gap*

There is enthusiasm for the potential of implementing multiple interventions (e.g., nutrition and RCEL) in the same program with the possibility of additive and synergistic effects. However, the delivery of multiple interventions has training, administrative, and delivery requirements, along with the challenge of integrating the interventions without overloading the caregivers (Dulal et al. 2021). Thus, there is a risk of reducing the impact of any one component of the program by overburdening health workers or overwhelming the caregiver. Implementation research plays a crucial role in advancing our understanding of how to effectively implement and adapt multiple interventions delivered in the same program in different contexts. It is important to provide analysis that pinpoints the specific aspects of multiple interventions that have additive and synergistic effects, as well as the potential harm or adverse effects.

**Learning question:** What are the additive and synergistic effects of multiple interventions delivered in the same program through the health system to improve nutrition and/or ECD?

This solicitation seeks innovative designs and evaluations of multiple interventions that include nutrition and/or RCEL. There is a particular interest in research that considers the benefits and/or potential challenges in implementing multiple interventions in the same program. This can include, but is not limited to, comparisons of programs that include multiple interventions to other types of programs delivered through the health system, assessments on the effectiveness of multiple interventions in the same program delivered through the health system, or the effect delivering multiple interventions has on other health system components.

#### **Types of research supported under this REOI and illustrative examples**

Types of research to address priority topics could include but is not limited to the following:

- Formative research, quality improvement assessments, and participatory action research
- Operations research, process evaluation, quality improvement/assurance, monitoring and evaluation, local observation, cross-sectional survey intervention mapping, social network analysis, journey mapping, and video observation
- Cross-sectional or cohort studies, small-scale comparative studies, longitudinal quantitative analyses, longitudinal qualitative analyses, and factorial trials.

##### *Illustrative research activities*

Illustrative examples of research activities are below.

1. **Counseling women on optimal diets and other nutrition behaviors during pregnancy and after childbirth is a key recommendation for antenatal and postnatal care services.** Despite being a recommended practice, evidence shows counseling does not have wide coverage and quality is variable. Further, for example, non-pregnant women's dietary diversity data suggests that, in many places, counseling is suboptimal. Quantitative and qualitative methods can include the use of health management information system data, in-depth interviews, and observations of counseling sessions by health providers at the facility and community levels. This primary data can be used to help determine how to best support health workers to ensure

nutrition counseling is robust and regularly provided at different touch points during antenatal and postnatal care.

2. **Immunization programs are some of the most widely implemented health services.** This presents a unique opportunity to incorporate infant and young child feeding (IYCF), as well as RCEL counseling and vitamin A supplementation, into routine immunization schedules. An example learning activity could include formative research to understand implementation research methods to test integrating IYCF and/or RCEL counseling and, when still required, vitamin A supplementation,<sup>1</sup> into routine immunization services. This could be answered quantitatively and qualitatively by utilizing continuous quality improvement methods and/or key informant interviews with providers, local authorities, and recipients of services to better understand the critical inputs needed for successful integration, including microplanning, supervision, and follow-up resources. In addition to interviews, client-provider observations could also be conducted to better understand the provision and experience of care.
3. **Little is known about the effectiveness of integrating RCEL with nutrition interventions in different contexts.** A learning activity could include examining the feasibility and acceptability of integrating responsive care and feeding into an existing IYCF intervention that does not currently include this aspect of nurturing care. This could be done by conducting key informant interviews with providers, local authorities, and caregivers to better understand potential benefits (e.g., caregiver satisfaction, improved nutrition outcomes) and challenges (e.g., provider workload) of including responsive feeding. Necessary inputs could be considered, such as preparation, training, materials, workforce, financial, governmental, and community support, as well as expected impacts on caregiver behaviors or child outcomes.

## SECTION 4: ELIGIBILITY INFORMATION

### A. Geographic location

All applicants must be a 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.

Priority is given to local organizations in USAID's [18 Nutrition Priority and Nutrition Strategic Support Countries](#): Bangladesh, Burkina Faso, Democratic Republic of the Congo, Ethiopia, Ghana, Guatemala, Haiti, Malawi, Mali, Mozambique, Nepal, Niger, Nigeria, Senegal, Tajikistan, Tanzania, Uganda, and Zambia.

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.

### B. Types of eligible organizations

The REOI is open to the following eligible organizations:

---

<sup>1</sup> Countries with successful large-food fortification programs with vitamin A might not need to keep vitamin A supplementation to all ages of the preschool group.

- Universities or other research or learning institutes
- Parastatals<sup>2</sup>
- 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 I267, 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.

### **D. NuMERAL encourages EOIs from**

- Organizations led by diverse groups that include women, people with disabilities, minorities, and other populations
- Less traditional organizations, such as grassroots organizations, or more specialized organizations, such as those that focus on supporting marginalized groups and people with disabilities.

### **E. Additional requirements**

The applicant must:

- Be legally registered and licensed to operate in the country of study in an eligible geographic location
- 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

---

<sup>2</sup> 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.

subaward budget.

#### **F. Technical requirements**

- Knowledge and understanding of health systems, nutrition, ECD, or related areas
- Experience in conducting research, monitoring, and evaluation
- 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
- Commitment to promoting equity, intersectionality, and opportunities for diverse populations
- Demonstration of how the work contributes to informing national priorities and policies, and/or is aligned with government learning priorities, and/or is aligned with ongoing programming.

#### **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.
- 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. EOIs must be use Arial size 11 font and be written in English, French, Portuguese, or Spanish. EOIs should be emailed to [NuMERAL\\_Procurement@rti.org](mailto:NuMERAL_Procurement@rti.org) on or before **10/15/2024, 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/01/2024/[applicants name]."

A complete submission must include the following:

1. Cover page (does not count toward the 4-page limit)
2. Short introduction and/or organization profile (does not count toward the 4-page limit)
  - a. Organization overview: Description of the organization and its main activities
  - b. Presence: Describe the organization's presence in the country of work
  - c. Management team: Brief narrative of the key personnel

3. Planned scope of work (not to exceed 4 single-spaced pages; timeline and citations are excluded from the page limit).
  - a. **Statement of the problem:** Describe the learning gap that the proposed work will address.
  - b. **Significance:** Explain how the proposed work is directly applicable to a policy or program need.
  - c. **Research aim(s):** Specify the overall purpose of the study.
  - d. **Learning question(s):** State a learning question(s) that is specific, answerable, need-to-know, and can be answered through monitoring, evaluation, or research.
  - e. **Approach:** Define the study population, study design, methodology, and analysis.
  - f. **Implementation plan:** Describe how the work will be conducted, including the anticipated process and timeline for country institutional review boards (IRBs) if human subjects research will take place.
  - g. **Timeline:** Briefly describe the expected timing for the activity, showing major tasks and a timeline (excluded from the 4-page limit).
  - h. **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).
6. If available, valid professional certifications/memberships (excluded from the 4-page limit).
7. 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).
8. 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).

## **B. Self-paced course on the NuMERAL REOI**

NuMERAL is developing a self-paced course to support applicants in responding to this REOI. This course will be available in English, French, Portuguese, and Spanish at [rti.org/USAID-NuMERAL](https://rti.org/USAID-NuMERAL). In this course, participants are oriented on the NuMERAL project and the types of learning activities that NuMERAL will support under this REOI. The course also includes content on the fundamentals and principles of developing an effective EOI and the steps for meeting the evaluation criteria.

## **C. Questions and clarifications**

Questions and clarifications regarding this solicitation should be submitted in writing to [NuMERAL\\_Procurement@rti.org](mailto:NuMERAL_Procurement@rti.org) no later than **09/05/2024, 5:00 p.m. ET**. NuMERAL will respond directly to the questions submitted in writing through 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 be invited to participate in a co-creation process and, ultimately, to submit a full application.

**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
<b>Technical Approach: 70%</b>	
Significance: The proposed activities address an important problem and will contribute and support learning in one or more of the priorities outlined in this REOI. Ability to demonstrate that the proposed activities are aligned with national priorities and are relevant and responsive to an expressed need in the context where the activities are based and that the outputs of the proposed activities will meaningfully contribute to relevant policies and practices. The plan for generating and translating evidence effectively engages relevant local stakeholders, including government, donor organizations, civil society, and multilateral organizations, as well as the private sector, to facilitate uptake of the evidence generated.	25
Technical merit: The proposed overall strategy, methodology, and analyses are appropriate to accomplish the specific aims and learning questions. For research that involves human subjects, the planned approach adequately protects human subjects.	30
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 engages diverse populations. Demonstration of the extent to which the proposed activities plan to engage with diverse groups and involve women.	15
<b>Environment: 30%</b>	
Key personnel: Demonstration that the principal investigator, collaborators, and other researchers have the appropriate experience and training to support proposed activities.	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. The leadership approach, governance, and organizational structure are appropriate for the proposed activity.	15
<b>Total</b>	<b>100</b>

Using the above evaluation criteria, the TEC will score and rank each EOI and recommend the applicants that will participate in a co-creation process and submit a full application. The selected applications at the EOI stage will undergo a pre-award risk assessment to adequately evaluate the organizations’ systems to determine their ability to receive and manage USAID funds.

The co-creation process will include working with NuMERAL to refine the scope of work and develop an evidence-to-practice plan, with the goal of supporting applicants to develop their full application. At the full proposal phase, review criteria will be shared with applicants that are selected to submit a full proposal(s).

**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

## REFERENCES

- Alao, Rotimi, Hayaan Nur, Emily Fivian, Bhavani Shankar, Suneetha Kadiyala, and Helen Harris-Fry. "Economic Inequality in Malnutrition: A Global Systematic Review and Meta-Analysis." *BMJ Global Health* 6, no. 12 (2021): e006906. <https://doi.org/10.1136/bmjgh-2021-006906>.
- Amouzou, Agbessi, Hannah Hogan Leslie, Malathi Ram, Monica Fox, Safia S. Jiwani, Jennifer Requejo, Tanya Marchant, et al. "Advances in the Measurement of Coverage for RMNCH and Nutrition: From Contact to Effective Coverage." *BMJ Global Health* 4, no. S4 (2019): e001297. <https://doi.org/10.1136/bmjgh-2018-001297>.
- Black, Maureen M., and Kathryn G. Dewey. "Promoting equity through integrated early child development and nutrition interventions." *Annals of the New York Academy of Sciences* 1308, no. 1 (2014): 1–10. <https://doi.org/10.1111/nyas.12351>.
- Black, Maureen M., S. P. Walker, L. C. H. Fernald, C. T. Andersen, A. M. DiGirolamo, C. Lu, D. C. McCoy, G. Fink, Y. R. Shawar, J. Shiffman, A. E. Devercelli, Q. T. Wodon, E. Vargas-Baron, S. Grantham-McGregor, and Committee Lancet Early Childhood Development Series Steering. "Early childhood development coming of age: science through the life course." *Lancet* 389, no. 10064 (2017): 77–90. [https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7).
- Black, Maureen M., Susan P. Walker, Orazio Attanasio, Marta Rubio-Codina, Costas Meghir, Jena D. Hamadani, Lia C. H. Fernald, Alysse Kowalski, and Sally Grantham-McGregor. "Promoting Childhood Development Globally through Caregiving Interventions." *Pediatrics* 151, no. S2 (2023). <https://doi.org/10.1542/peds.2023-060221B>.
- Bhutta, Zulfiqar A., Jai K. Das, Arjumand Rizvi, Michelle F. Gaffey, Neff Walker, Susan E. Horton, Patrick Webb, Anna Lartey, Robert E. Black, The Lancet Nutrition Interventions Review Group, and The Maternal and Child Nutrition Study Group. "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?" *The Lancet*, 382 (2013): 452–77. [https://doi.org/http://dx.doi.org/10.1016/S0140-6736\(13\)60996-4](https://doi.org/http://dx.doi.org/10.1016/S0140-6736(13)60996-4).
- Britto, Pia R., Stephen J. Lye, Kerrie Proulx, Aisha K. Yousafzai, Stephen G. Matthews, Tyler Vaivada, Rafael Perez-Escamilla, et al. "Nurturing Care: Promoting Early Childhood Development." *The Lancet* 389, no. 10064 (2017): 91–102. [https://doi.org/10.1016/s0140-6736\(16\)31390-3](https://doi.org/10.1016/s0140-6736(16)31390-3).
- Celhay, Pablo, Sebastian Martinez, and Cecilia Vidal. "Measuring Socioeconomic Gaps in Nutrition and Early Child Development in Bolivia." *International Journal for Equity in Health* 19, no. 122 (2020). <https://doi.org/10.1186/s12939-020-01197-1>.
- Dulal, Sophiya, Audrey Prost, Surendra Karki, Naomi Saville, and Dafna Merom. "Characteristics and effects of integrated nutrition and stimulation interventions to improve the nutritional status and development of children under 5 years of age: a systematic review and meta-analysis." *BMJ Global Health* 6, no. 7 (2021): e003872. <https://doi.org/10.1136/bmjgh-2020-003872>.
- Harris, Jody, and Nicholas Nisbett. "The Basic Determinants of Malnutrition: Resources, Structures, Ideas and Power." *International Journal of Health Policy and Management* 10, no. 12 (2021): 817–827. <https://doi.org/10.34172/ijhpm.2020.259>.
- Heidkamp, Rebecca A., Emily Wilson, Purnima Menon, Helen Kuo, Shelley Walton, Giovanna Gatica-Domínguez, Inacio Crochemore Da Silva, Tricia Aung, Nemat Hajebehoy, and Ellen Piwoz. "How can we realise the full potential of health systems for nutrition?" *BMJ*, no. 16911 (2020). <https://doi.org/10.1136/bmj.16911>.
- Keats, Emily C., Jai K. Das, Rehana A. Salam, Zohra S. Lassi, Aamer Imdad, Robert E. Black, and Zulfiqar A. Bhutta. "Effective interventions to address maternal and child malnutrition: an



update of the evidence." *The Lancet Child & Adolescent Health* 5, no. 5 (2021): 367–384. [https://doi.org/10.1016/S2352-4642\(20\)30274-1](https://doi.org/10.1016/S2352-4642(20)30274-1).

King, Shannon E., Talata Sawadogo-Lewis, Robert E. Black, and Timothy Robertson. "Making the Health System Work for the Delivery of Nutrition Interventions." *Maternal & Child Nutrition* 17, no. 1 (2021): e13056. <https://doi.org/10.1111/mcn.13056>.

King, Shannon E., Ashley Sheffel, Rebecca Heidkamp, Yvonne Yiru Xu, Shelley Walton, and Melinda K. Munos. "Advancing Nutrition Measurement: Developing Quantitative Measures of Nutrition Service Quality for Pregnant Women and Children in Low- and Middle-Income Country Health Systems." *Maternal & Child Nutrition* 18, no. 1 (2022). <https://doi.org/10.1111/mcn.13279>.

Salam, Rehana A., Jai K. Das, and Zulfiqar A. Bhutta. 2019. "Integrating nutrition into health systems: What the evidence advocates." *Maternal & Child Nutrition* 15, no. S1: e12738. <https://doi.org/10.1111/mcn.12738>.

United Nations Children's Fund [UNICEF]. UNICEF Conceptual Framework on Maternal and Child Nutrition. New York, NY: UNICEF (2021). <https://www.unicef.org/documents/conceptual-framework-nutrition>.

WHO. "Continuity and Coordination of Care: A Practice Brief to Support Implementation of the WHO Framework on Integrated People-Centred Health Services." Geneva, Switzerland: WHO, (2018).

WHO, UNICEF, and World Bank Group. "Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential." Geneva, Switzerland: WHO (2018).

## **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 24 months)
  - e. Proposed total budget for planned scope of work
  - f. Proposed country
2. Short introduction and/or organization profile
  - 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)
  - d. Learning question(s)
  - e. Approach
  - f. Implementation plan
  - g. Evidence to practice
  - h. Timeline (excluded from the 4-page limit)
  - i. 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 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
<b>Labor</b>				
Ms. X	Project Director	10	150.00	1,500.00
<b>Fringe</b>				
Ms. X	Project Director	10%	150.00	150.00
<b>Subtotal Labor</b>				<b>1,650.00</b>

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

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

## 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 e-mail to [ethics@rti.org](mailto: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.