Request for Proposals
MSD for Mothers
Maternity Waiting Homes in Zambia
December, 17 2012

Background

MSD for Mothers (also known as Merck for Mothers), is a 10-year global initiative to address one of the world’s oldest and most preventable health tragedies – the death of a woman from complications experienced during pregnancy and childbirth. Working closely with governments, international organizations, health experts, and those on the front lines, Merck’s goal is to help women across the world be well. In September 2011, Merck officially launched MSD for Mothers at the United Nations and joined the global effort to achieve United Nations Millennium Development Goal 5 (MDG 5), which calls for a 75 percent reduction in maternal mortality by 2015 and universal access to reproductive health care. MSD for Mothers builds on Merck’s legacy of taking on urgent global health challenges. The company is applying its scientific expertise, business skills, and financial and human resources to the effort.

MSD for Mothers has a three-pronged strategy: 1) accelerate access to affordable high quality care; 2) advocate and increase awareness about maternal mortality and morbidity; and 3) advance product innovations to save women’s lives. This request for proposals (RFP) falls within the access pillar of the initiative, which focuses on supporting programs in countries with the highest rates of maternal mortality to expand access to affordable, high quality care and help establish models for care that are both effective and long-lasting. MSD for Mothers has a particular interest in the role of private providers and health-related businesses in improving quality, access and affordability of maternal health care.

MSD for Mothers is a founding partner of Saving Mothers, Giving Life, a unique public-private partnership launched by the US Government to aggressively reduce deaths during pregnancy and childbirth in places where women are dying at alarming rates. The partnership is led by the United States Government; founding partners in addition to Merck include the American College of Obstetricians and Gynecologists, Every Mother Counts and the Government of Norway. Thus far, the partnership has pledged more than $200 million USD in financial and in-kind resources to help countries reduce maternal deaths by up to 50 percent. Working closely with national governments, SMGL has begun working in select districts of Uganda and Zambia. A key feature of the partnership is to build on existing U.S. Government-supported activities in these countries and leverage the infrastructure and reach of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. Agency for International Development’s (USAID's) maternal and child health programs and other programs supported by the US Centers for Disease Control (CDC), the Department of Defense and Peace Corps.

As a member of the partnership, MSD for Mothers is committed to supporting programming in Zambia that complements SMGL activities and other ongoing efforts to strengthen the maternal health system. SMGL programs focus largely on the critical period of labor, delivery and the first 24 hours post-partum – when most deaths occur - and include other preventive activities. Specific program components

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1 While this RFP has been issued prior to the holidays, the due date has been extended so that there is no expectation of work during the holiday break
include: incentives and community mobilization to encourage women to seek facility delivery; improvements in access through vouchers, transportation and referral mechanisms; improvement in care through bolstering infrastructure, supply chain, human resource capacity development and integration of services; and public awareness efforts. During the second year and beyond, the plan is to scale up programs and invite additional countries to participate.

Areas of Strategic Interest

*MSD for Mothers* is soliciting proposals from eligible organizations to help answer the following question in Zambia: *is there a way for maternity waiting homes (MWHs) to provide a high quality service that is responsive to community needs in a financially self-sustaining way?*

Maternity waiting homes (MWHs) have been established in numerous contexts around the world as a strategy to increase access to facility-based deliveries for women living in remote areas or those who lack adequate transportation options. Maternity waiting homes take many forms, but are typically residential facilities located near emergency obstetric care facilities where women, often with high-risk pregnancies, can await their delivery in close proximity to care. Some are simple shelters where women must provide their own supplies, while others have antenatal care services and medical staff available.

While a number of studies have been conducted on MWHs, including a 2012 Cochrane systematic review, there is insufficient evidence to determine their impact in improving maternal and neonatal health outcomes.²⁻⁴ Some studies have found decreased mortality,⁵⁻⁶ fewer fetal deaths,⁷ and lower proportions of children with low birth weights⁸ among mothers using MWHs, while others observed no effect after controlling for maternal risk factors.⁹ One study conducted in rural Zambia concluded that MWHs can reduce perinatal mortality when a proper functioning referral system is in place.¹⁰ However, existing studies lack the rigor necessary to fully tease out any direct causal relationship between MWHs and health outcomes.

Despite a lack of good data supporting the impact of maternity waiting homes on maternal health outcomes, experiences indicate that maternity waiting homes may improve access to obstetric care. A Zimbabwe study found that when MWHs were available, nearly 60% of women used them, concluding that MWHs can improve access to obstetric care.¹¹ As long as access to emergency obstetric services is...

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limited due to poor transportation systems, challenging terrain, and substantial distances, MWHs are a promising option for expectant families.

Common challenges identified in MWH programs include low utilization due to poor referrals, inadequate marketing and lack of awareness, lack of financial sustainability, and poor quality infrastructure and services, such as lack of cooking facilities, and insufficient space for accompanying family members. In addition, poor quality of obstetric services available likely limits their impact. It is clear that the management of MWHs homes is a critical factor in their success. Input from women in the community is essential to ensure MWHs meet local needs and community mobilization efforts are required to increase and maintain MWH utilization.\(^\text{12}\)

To further explore these gaps, challenges and opportunities, *MSD for Mothers* seeks proposals for a program along with a plan for formative and implementation research that addresses the question *is there a way for maternity waiting homes to provide a high quality service that is responsive to community needs in a financially self-sustaining way?*

*MSD for Mothers* will provide program support in two phases. Phase 1 will focus on program planning, including formative research to determine the feasibility of an intervention and to further inform the design of the proposed program model(s). If Phase 1 determines that a proposed program is feasible, *MSD for Mothers* will consider funding a more robust second phase focusing on implementation of the program model as part of an implementation research project to answer key questions.\(^\text{13}\) Considering there is currently insufficient evidence on whether MWHs increase access in an equitable manner or have an impact on maternal and neonatal health outcomes, should this initial assessment indicate that the proposed approach(es) would not be feasible, this project would still be considered a success and the *MSD for Mothers* team would support dissemination of findings in the second phase. *Funding available through this RFP will be for Phase 1.*

*MSD for Mothers* is particularly interested in entrepreneurial models that address issues such as women’s willingness to use the facilities due to work and childcare responsibilities, communities’ willingness to contribute to building, supporting or running a facility, and/or families’ willingness to contribute to the cost of running a facility. Financial sustainability might be encouraged, for example, through charging small fees or in-kind payment, income generation activities, community ownership, a bed-and-breakfast model or government contracting out of services.

Formative and implementation research can help answer key questions about best management approaches, community responsiveness, sustainability and equity. Examples of key questions that proposed programs may seek to answer across the two phases include:

- **Management:**
  - What are the most promising and/or successful models of MWHs? Why? What are key lessons learned and best practices?
  - What are the most promising operating models and likely operators (e.g. individuals, collectives, CBOs, etc.)?
  - How should shelters be linked, or independent from, health facilities in terms of their management, operations, and physical proximity?

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• **Community responsiveness:**
  o What are feasible and effective approaches for fostering community ownership of MWHs?
  o How best can MWHs be designed to be responsive to community needs and accountable to community input?
  o What kinds of services do women and their families want out of MWHs? What services do other key stakeholders desire?

• **Sustainability:**
  o How can MWHs best be made financially sustainable?
  o Is it feasible to apply an entrepreneurial approach to MWH operations, such as micro-enterprise or cooperative models?
  o Are women willing and able to pay for MWH services in cash or in kind?

• **Equity**
  o Are women most in need (e.g. the poorest, those from remote areas, or high risk pregnancies) willing to pay small fees or contribute in-kind for quality services?

**Geographic Focus**
Proposals should demonstrate how the proposed program will complement ongoing efforts in Zambia to strengthen the maternal health system, particularly those of Saving Mothers, Giving Life. Proposed programs should be based in at least two of the four current Saving Mothers districts in Zambia (Mansa, Lundazi, Nyimba, and Kalomo), but may include other districts throughout Zambia as well (as there may be functioning MWHs in other districts that could be used to identify best practices). Efforts must be coordinated with Saving Mothers in the districts where it operates.

**Eligibility**
Proposals will be accepted from all types of organizations with the capacity, competence and experience to accomplish program goals and objectives. Proposals may be submitted from individual organizations or groups of collaborating organizations with the complementary expertise/experience that may be required to design and implement the program. MSD for Mothers encourages applicants to identify partners that may not be part of this initial application, but may be added in Phase 2 for implementation research. Examples of complementary areas of expertise include:
  o Maternal health
  o Microentrepreneurship/women’s economic empowerment
  o Community mobilization
  o Implementation research

All types of organizations are welcome to apply, including for-profit companies, foreign and domestic non-profit organizations, faith-based organizations, foundations, academic institutions, civic groups and regional organizations. Individuals and governments are not eligible to apply.

Organizations eligible to apply for funding should:
• Have experience working in Zambia, including a physical office in the country for at least three consecutive years
• Have an annual operating budget of at least US $1 million
• Exhibit a track record of successfully managing donor funds, including timely reporting on programmatic activities and expenditures
• Legal presence in the country; documented by a signed agreement with the host government and included in the application.
Funding

*MSD for Mothers* anticipates supporting 2-3 planning projects with budgets in the range of $200,000-$250,000 over six to nine-months. Projects will be selected for Phase 2 based on results and a second proposal. Approximately $3 million will be available for Phase 2.

Proposal format

Proposals should include three components: 1) a technical narrative, 2) an annex of supporting documents, and 3) a detailed budget with accompanying budget narrative.

1) Technical narrative

The technical narrative is limited to 10 pages using at least 11 point font and 1 inch margins, and should include the following:

- Executive summary (1 page that best represents the proposal if read as a standalone document)
- Background and problem statement
- Geographic area and focus population
- *Preliminary* program description (Note: while Phase 1 is meant to inform the program design, we request that proposals describe, to the degree possible, the initial program concept(s) that will be explored during and refined following the formative research phase):
  - Proposed program model(s) and justification
  - An explanation of how the proposed model(s) is (are) expected to impact access to facility delivery and emergency obstetric care, including a theory of change diagram
  - How the project will be aligned with, or complement, government and SMGL strategies, including a description of any discussions held with the government and SMGL partners
  - How the project will avoid duplication with other ongoing or planned efforts
  - Initial estimates of scale for Phase 2, including number of MWHs, pregnant women, health facilities, community-based organizations, and/or health workers reached
- Phase 1 plan
  - Clearly defined research questions
  - Methodology for formative research
  - Other program planning activities
  - Timeline of key milestones and deliverables
- *Preliminary* implementation research ideas for Phase 2, including:
  - Research questions
  - Potential methodology
  - Expected challenges and proposed solutions for gathering complete and accurate data, addressing methodological challenges, and drawing robust conclusions
- Partners, their roles, and related experience, including:
  - Relevant organizational experience in maternal health, microentrepreneurship/women’s economic empowerment, community mobilization, social accountability models and implementation research (note: see section titled *MSD for Mothers* Involvement below)
  - A description of how the proposed project fits into the work of the organization(s) as a whole, i.e. whether it builds off of or relates to any existing programming
- Potential areas where Merck’s expertise as a global health care company can contribute to project development and execution

2) Supporting documents

In addition to the 10 page technical narrative, please include the following supporting documents as annexes:

- a) CV for project director and brief bios of 2-3 other key personnel
b) Letters of intent from any sub-grantees stating their role

While there is no page limit for supporting documents, please keep them as brief as possible. Note that no other annexes, including letters of support, will be accepted. Additional information not requested will be disregarded.

3) Budget
Funding in the range of $200,000-$250,000 is available over a six to nine-month period. There is no cost share requirement.

A detailed budget in USD should be submitted in Excel format with a summary worksheet addressing the following categories:

1. **Salary and fringe benefits**: List personnel individually by title; include annual salary, percent time on the project, and fringe benefits in accordance with the applicant’s personnel policies.
2. **Travel and transportation**: Indicate the number of trips, domestic, regional, and international and the estimated costs per trip. Specify the origin and destination for proposed trips, mode and duration of travel and number of individuals traveling. Travel expenses should be based on the applicant’s standard travel policies.
3. **Equipment**: Include a breakdown of equipment by type including unit cost and quantity.
4. **Supplies**: Include a breakdown of supplies by type including unit cost and quantity.
5. **Trainings, workshops, and events**: Break down by type of training or event, including number of participants and days.
6. **Sub-contracts**: Any goods and services being procured through a contract mechanism, including sub-grants and consultants; list each contract separately and provide a breakdown of costs included, such as a daily rate and number of days for consultants.
7. **Other direct costs**: This includes communications, insurance, printing, report preparation costs, etc.
8. **Indirect costs**: Indirect rates shall not exceed 15%.

*MSD for Mothers* encourages applicants to focus resources on in-country project implementation. Applications will be reviewed for cost realism and cost effectiveness in accordance with evaluation criteria.

A detailed budget narrative should be prepared in Word format that addresses the following:
- Amount and duration of funding requested
- Explanation and justification for all cost items, making sure to include:
  - A breakdown of all items included in the fringe benefit rate (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.)
  - An explanation and justification of all equipment costs
- Brief list of major sources of financial support for the organization
- Explanation of whether the organization has any link to a government official. A government official is very broadly interpreted to include:
  - Employees of governments, and other civil servants, performing government functions (for example, product approvals, pricing, reimbursement and purchasing)
  - Those engaged by governments (including private individuals appointed by such entities) to provide advice involving a governmental function (e.g. private health care professionals, experts, consultants, members of advisory panels, etc.)
  - Employees of government-funded institutions (e.g. public hospitals and universities, or government controlled businesses)
Applicants

Questions

Note, the following are not eligible for support:
• Activities that directly influence or advance Merck's (commercial) business or marketing interests
• Individuals
• Political organizations, campaigns, and activities
• Organizations that discriminate on the basis of race, ethnicity, caste, gender, sexual orientation, marital status, religion, age, national origin, veteran’s status or disability
• Purchase of supplies or equipment unrelated to a specific project or program
• Fund-raising events, such as benefit dinners/galas
• Meetings/symposia/or conferences that do not have or are not associated with long-term program objectives
• Payment of staff salaries not aligned with a specific project or program

Questions
Applicants who have questions concerning the contents of this RFP should submit them in writing no later than midnight EST on Friday, 4 January, 2013 via email to Cynthia Teufel at cynthia_teufel@merck.com. No telephone calls will be accepted. Collated questions with responses shall be distributed to all applicants the following week. All parties intending to apply and others interested in receiving responses to the questions should register by sending an email to Cynthia Teufel at the address listed above by Friday, 4 January, 2013.

Submission
Applicants should submit full proposals via email to Cynthia Teufel at cynthia_teufel@merck.com by January 31, 2013. It is the applicant’s responsibility to ensure that files are complete and transmitted by the deadline. The applicant bears full responsibility for data errors or omissions.

Review & Notification Process
A selection committee will evaluate proposals based on the following criteria:
• Relevance to MSD for Mothers areas of strategic interest
• Quality and feasibility of proposed execution plan
• Organizational capacity
• Cost realism

Applicants selected for awards will likely be notified in February or March 2013.

Issuance of this request for proposals does not constitute an award commitment on the part of MSD for Mothers, nor does it commit to pay for costs incurred in the preparation and submission of applications. Further, MSD for Mothers reserves the right to reject any or all applications received.

Reporting
Merck will require timely submission of quarterly progress and expense reports describing program performance as well as an accompanying program plan for the following quarter. Awardees must also submit a final project report within 3 months of the agreement’s end date.
**MSD for Mothers’ involvement**

*MSD for Mothers* is designed as a collaborative effort. As such, *MSD for Mothers* will provide technical support in areas where the company’s expertise can contribute to successful program implementation. Recipient organizations will be expected to interact routinely with *MSD for Mothers* staff in the spirit of partnership. Funding recipients must be willing to work with *MSD for Mothers’* overall evaluation partner, the London School of Hygiene and Tropical Medicine, to finalize their evaluation plan and collect indicators consistent with the global evaluation of *MSD for Mothers*. 