Purpose of the RFP:

[A narrative literature review and synthesis of the current state of knowledge concerning the use of milestones, adversity, and caregiving practices measures to identify children at risk of sub-optimal development with the aim to develop best practice guidance for use by policy makers and programme managers]

Closing Date:

09 January 2020
The World Health Organization (WHO) is seeking offers for proposal. Your ☒ Company ☒ Institution is invited to submit a proposal for the services in response to this Request for Proposals (RFP).

WHO is a public international organization, consisting of 194 Member States, and a Specialized Agency of the United Nations with the mandate to act as the directing and coordinating authority on international health work. As such, WHO is dependent on the budgetary and extra-budgetary contributions it receives for the implementation of its activities. Bidders are, therefore, requested to propose the best and most cost-effective solution to meet WHO requirements, while ensuring a high level of service.

1. Requirements

WHO requires the successful bidder, to carry out A narrative literature review and synthesis of the current state of knowledge concerning the use of milestones, risk factors and quality of caregiving practices to identify children at risk of sub-optimal development, with the aim to develop best practice guidance for use by policy makers and programme managers.

See attached detailed Terms of Reference for complete information.

The successful bidder shall be a ☐ for profit / ☒ not for profit institution operating in the field of early childhood development. with proven expertise in evidence generation and synthesis.

Bidders should follow the instructions set forth below in the submission of their proposal to WHO.

2. Proposal

The proposal and all correspondence and documents relating thereto shall be prepared and submitted in the English language.

The proposal should be concisely presented and structured to include the following information:

- Presentation of your Company / Institution (please complete Annex 2)
- Proposed solution
- Proposed Approach/Methodology
- Proposed time line
Financial proposal in USD

Information which the bidder considers confidential, if any, should be clearly marked as such.

3. Instructions to Bidders

Bidders must follow the instructions set forth in this RFP in the submission of their proposal to WHO.

A prospective bidder requiring any clarification on technical, contractual or commercial matters may notify WHO via email at the following address no later than 5 working days prior to the closing date for the submission of offers:

Email for submissions of all queries: daelmansb@who.int and cartillierl@who.int
(use Bid reference in subject line)

A consolidated document of WHO’s responses to all questions (including an explanation of the query but without identifying the source of enquiry) will be sent to all prospective bidders who have received the RFP.
From the date of issue of this RFP to the final selection, contact with WHO officials concerning the RFP process shall not be permitted, other than through the submission of queries and/or through a possible presentation or meeting called for by WHO, in accordance with the terms of this RFP.

The bidder shall submit, in writing, the complete proposal to WHO, no later than **09 January 2020 at 17:00 hours Geneva time** (“the closing date”), by email at the following email address:

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daelmansb@who.int and cartillierl@who.int.
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*(use Bid reference in subject line)*

To be complete, a proposal shall include:

- A technical proposal, as described under part 2 above;
- A financial proposal, as described under part 2 above;

1. Annex 2, duly completed and signed by a person or persons duly authorized to represent the bidder, to submit a proposal and to bind the bidder to the terms of this RFP.

Each proposal shall be marked Ref: **MCA/CHD/2020/1**.

WHO may, at its own discretion, extend the closing date for the submission of proposals by notifying all bidders thereof in writing before the above closing date and time.

Any proposal received by WHO after the closing date for submission of proposals may be rejected. Bidders are therefore advised to ensure that they have taken all steps to submit their proposals in advance of the above closing date and time.

The offer outlined in the proposal must be valid for a minimum period of 90 calendar days after the closing date. A proposal valid for a shorter period may be rejected by WHO. In exceptional circumstances, WHO may solicit the bidder’s consent to an extension of the period of validity. The request and the responses thereto shall be made in writing. Any bidder granting such an extension will not, however, be permitted to otherwise modify its proposal.

The bidder may withdraw its proposal any time after the proposal’s submission and before the above mentioned closing date, provided that written notice of the withdrawal is received by WHO at the email address indicated above, before the closing date for submission of proposals.

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

No proposal may be withdrawn in the interval between the closing date and the expiration of the period of proposal validity specified by the bidder in the proposal (subject always to the minimum period of validity referred to above).

WHO may, at any time before the closing date, for any reason, whether on its own initiative or in response to a clarification requested by a (prospective) bidder, modify the RFP by written amendment. Amendments could, *inter alia*, include modification of the project scope or requirements, the project timeline expectations and/or extension of the closing date for submission.

All prospective bidders that have received the RFP will be notified in writing of all amendments to the RFP and will, where applicable, be invited to amend their proposal accordingly.
All bidders must adhere to the UN Supplier Code of Conduct, which is available on the WHO procurement website at http://www.who.int/about/finances-accountability/procurement/en/.

4. Evaluation

Before conducting the technical and financial evaluation of the proposals received, WHO will perform a preliminary examination of these proposals to determine whether they are complete, whether any computational errors have been made, whether the documents have been properly signed, and whether the proposals are generally in order. Proposals which are not in order as aforesaid may be rejected.

The evaluation panel will evaluate the technical merits of all the proposals which have passed the preliminary examination of proposals based on the following weighting:

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<th>Weighting</th>
<th>Percentage of Total Evaluation</th>
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<td>Technical</td>
<td>70%</td>
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<td>Financial</td>
<td>30%</td>
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Please note that WHO is not bound to select any bidder and may reject all proposals. Furthermore, since a contract would be awarded in respect of the proposal which is considered most responsive to the needs of the project concerned, due consideration being given to WHO’s general principles, including the principle of best value for money, WHO does not bind itself in any way to select the bidder offering the lowest price.

WHO may, at its discretion, ask any bidder for clarification of any part of its proposal. The request for clarification and the response shall be in writing. No change in price or substance of the proposal shall be sought, offered or permitted during this exchange.

NOTE: Individual contact between WHO and bidders is expressly prohibited both before and after the closing date for submission of proposals.

5. Award

WHO reserves the right to:
1. Award the contract to a bidder of its choice, even if its bid is not the lowest;
2. Award separate contracts for parts of the work, components or items, to one or more bidders of its choice, even if their bids are not the lowest;
3. Accept or reject any proposal, and to annul the solicitation process and reject all proposals at any time prior to award of contract, without thereby incurring any liability to the affected bidder or bidders and without any obligation to inform the affected bidder or bidders of the grounds for WHO’s action;
4. Award the contract on the basis of the Organization’s particular objectives to a bidder whose proposal is considered to be the most responsive to the needs of the Organization and the activity concerned;
5. Not award any contract at all.

WHO has the right to eliminate bids for technical or other reasons throughout the evaluation/selection process. WHO shall not in any way be obliged to reveal, or discuss with any bidder, how a proposal was assessed, or to provide any other information relating to the evaluation/selection process or to state the reasons for elimination to any bidder.
NOTE: WHO is acting in good faith by issuing this RFP. However, this document does not oblige WHO to contract for the performance of any work, nor for the supply of any products or services.

At any time during the evaluation/selection process, WHO reserves the right to modify the scope of the work, services and/or goods called for under this RFP. WHO shall notify the change to only those bidders who have not been officially eliminated due to technical reasons at that point in time.

WHO reserves the right at the time of award of contract to extend, reduce or otherwise revise the scope of the work, services and/or goods called for under this RFP without any change in the base price or other terms and conditions offered by the selected bidder.

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

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth in Annex 3.

Any and all of the contractor’s (general and/or special) conditions of contract are hereby explicitly excluded from the Contract, i.e., regardless of whether such conditions are included in the Contractor’s offer, or printed or referred to on the Contractor’s letterhead, invoices and/or other material, documentation or communications.

We look forward to receiving your response to this RFP.

Yours sincerely,
Anshu Banerjee
Director
Maternal, Newborn, Child and Adolescent Health and Ageing.

Annexes

1. Detailed Terms of Reference
2. Vendor Information Form
3. Contractual provisions
Annex 1: Detailed Terms of Reference

Purpose of the Consultancy

A literature review and synthesis of the current state of knowledge concerning the use of milestones, biological/social/environmental risk factors, and quality of caregiving practices to identify children at risk of sub-optimal development, with the aim to develop best practice guidance for use by policy makers and programme managers. The focus will be on assessment of children 0 – 3 years of age.

Background

WHO, UNICEF and the World Bank in collaboration with PMNCH and the ECD Action Network launched the Nurturing Care Framework for early childhood development in 2018. The health sector is uniquely well placed to support nurturing care and monitor young children’s development. The current drive towards Universal Health Coverage provides the incentive to optimize health services and deliver them with quality. As countries are strengthening service packages to include attention to responsive caregiving and opportunities for early learning, a common demand arises for guidance on monitoring individual children’s development.

Efforts to monitor child development and identify children who are at risk of poor development fall into four broad categories. These categories of measurement are variously used in research projects as outcome measures, in monitoring and evaluation to inform indicators related to child health, in the health system to identify children in need of additional screening and referral, and a host of other settings where discriminating between cases (children who require additional services) and non-cases is important.

1. Milestones assessment: Developmental milestones are behaviors or physical skills seen in infants and children as they grow and develop. There is a ‘normal’ range in which a child may reach each milestone. Norms for milestone achievement can differ by context, and efforts to establish locally-appropriate assessments of development are widespread. The way in which milestones are used to understand child development vary considerably depending on the context and purpose of their use.

2. Individual vulnerability: Children who are born pre-term, who are malnourished, who are HIV-affected or have a very young mother are at higher risk of sub-optimal development. The recognition of these and other individual risk factors in routine contacts of caregivers and young children with health- and other services determines whether children and families are identified to receive targeted support for early childhood development.

3. Household and community adversity: Exposure to adversity such as abuse and neglect can result in negative behavioral and physical health outcomes for children, and so identifying children who are currently exposed to key risks can be an important early indication of vulnerability to suboptimal development. There is increased attention to protocols that use standardized tools to identify family and community factors that place children at risk. Commonly, such measures examine maternal mental health, violence in the household, or a host of possible risks which can be used to arrive at a cumulative adversity score.

4. Caregiving behaviour: Poor parenting practices represent some of the most robust risk factors for conduct problems in childhood and adolescence. Lack of parental involvement, poor monitoring and supervision, and harsh and inconsistent discipline, have all been established as strong predictors of antisocial outcomes in children and adolescents. Both self-report and direct observation of the behaviour of caregivers towards their children can be extremely informative in attempts to understand the quality of the care environment in which a child is being raised. Whilst direct observation is the gold standard method for assessing quality of care, this approach is often time-consuming and expensive. Therefore, the widespread use of tools and other indirect measures is necessary to get an initial snapshot of the quality of care in a large number of settings.
standard of such assessments, it is expensive, time-consuming and requires skilled assessors to code interactions. Self-report measures have been shown to have validity and be reliable in some instances, but risk bias.

Understanding how these categories of approaches are used is confused somewhat by the different terminologies used to refer to them; sometimes they are termed screening, sometimes monitoring, sometimes assessment, and so forth. For the purposes of this work, these approaches are called monitoring, distinct from screening, which in our conceptualization is a tool-based formal assessment of a child with the purpose of determining service needs. Monitoring, on the other hand, is the first step of recognizing children who may require screening.

There is likely some divergence in the types of cases which these approaches identify, too; milestones are mostly designed to pick up severe malnutrition and probable disability, but emotional disorders are better predicted by adversity measures and caregiving quality. Yet, at present, milestones approaches are the most widely-used approach, and adversity and caregiving quality measures are scarcely utilized by frontline workers. A key outcome of the proposed review will be identifying whether guidance could be given to countries regarding the need to augment milestones approaches with items from the other two areas which best identify children-at-risk who may be missed by a strictly developmental approach.

A second key outcome of the proposed review would be guidance regarding good practices for the sensitivity and specificity of milestones and other items; recognizing that the timings of child assessment determines the specificity of the items. Milestones may be very sensitive and identify all children with any type of developmental delay, but referral of such many children may not be necessary or possible, given normal variation in development and scarce resources for treatment. Providing guidance to countries about how to optimize the utility of milestones and other measures to detect those most at risk and in need of screening and referral, will be important to optimize the impact of scarce human resources.

**Planned timelines** (subject to confirmation)

Start date: 01/02/2020  
End date: 30/04/2020

**Work to be performed**

We propose to review the literature in three rounds.

Round 1: separate searches will be conducted to identify papers where milestones, individual risks, household and community adversity, and caregiving practice approaches have been used to identify children at risk of sub-optimal development in low- and middle-income countries. Based on the number of search results which this initial round yields, a decision will be made by the WHO-led steering team for the initiative whether to continue with a review of reviews (if more than 2000 papers per search), or a review of individual papers (if fewer than 2000 papers per search).

Round 2: abstracts of reviews or individual papers (depending on the decision made in Round 1) will be screened, and irrelevant articles excluded. Those remaining will be reviewed as full-texts, and data will be extracted related to a predefined template, considering context of use, age, details of validation, recommended frequency of assessment, sensitivity and specificity, and follow-up actions.

Round 3: In this final step, the extracted data will be synthesized and discussed in the steering team and key findings distilled. These findings will be summarized in a narrative review, which will be fed back to the WHO secretariat and steering team group for comment.
Specific requirements

Qualifications required:

Essential: The applicant has expertise in the areas of developmental psychology, neurosciences and/or behavioural sciences in early childhood.

Desirable: The applicant has expertise in implementation research for early childhood development with a focus on children 0 – 3 years of age.

Experience required:

Essential: A minimum of 10 years’ experience in evidence generation and synthesis related to early childhood development.

Desirable: Experience with WHO, the UN or other international organizations; experience in developing evidence-based normative guidance or policy documents for early childhood development.

Skills / Technical skills and knowledge:

Essential:

- Senior scientific, programmatic and/or clinical expertise in the field of early childhood development.
- Experience in conducting of systematic reviews and narrative reviews of the literature.
- Demonstrated ability to work under pressure and to deliver high quality written work within short timelines.

Desirable skills:

- Experience in programming for early childhood development in low and middle income countries.

Language requirements:

Essential: English (expert level)
Annex 2: Vendor Information Form

**Company Information** to be provided by the Vendor submitting the proposal

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<th>UNGM Vendor ID Number:</th>
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**Corporate Information:**

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<th>Organization structure (include description of those parts of your organization that would be involved in the performance of the work)</th>
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<th>Relevant experience (how could your expertise contribute to WHO’s needs for the purpose of this RFP) – Please attach reference and contact details</th>
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<th>Staffing information</th>
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* [http://www.who.int/about/finances-accountability/procurement/en/](http://www.who.int/about/finances-accountability/procurement/en/)

Within 30 days of receipt of the contract between WHO and the successful bidder (the “Contract”), the successful bidder shall sign and date the Contract and return it to WHO according to the instructions provided at that time. If the bidder does not accept the Contract terms without changes, then WHO has the right not to proceed with the selected bidder and instead contract with another bidder of its choice. The Contract will include, without limitation, the provisions set forth below (with the successful bidder referred to below as the “Contractor”):

1. **Compliance with WHO Codes and Policies.** By entering into the Contract, the Contractor acknowledges that it has read, and hereby accepts and agrees to comply with, the WHO Policies (as defined below).

In connection with the foregoing, the Contractor shall take appropriate measures to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other persons engaged by the Contractor to perform any services under the Contract.

Without limiting the foregoing, the Contractor shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which the Contractor becomes aware.

For purposes of the Contract, the term “WHO Policies” means collectively: (i) the WHO Code of Ethics and Professional Conduct; (ii) the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; (iii) the WHO Code of Conduct for responsible Research; (iv) the WHO Policy on Whistleblowing and Protection Against Retaliation; and (v) the UN Supplier Code of Conduct, in each case, as amended from time to time and which are publicly available on the WHO website at the following links: [http://www.who.int/about/finance-accountability/procurement/en/](http://www.who.int/about/finance-accountability/procurement/en/) for the UN Supplier Code of Conduct and at [http://www.who.int/about/ethics/en/](http://www.who.int/about/ethics/en/) for the other WHO Policies.

2. **Zero tolerance for sexual exploitation and abuse.** WHO has zero tolerance towards sexual exploitation and abuse. In this regard, and without limiting any other provisions contained herein:

(i) each legal entity Contractor warrants that it will: (i) take all reasonable and appropriate measures to prevent sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response by any of its employees and any other persons engaged by it to perform any services under the Contract; and (ii) promptly report to WHO and respond to, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the contractor becomes aware; and

(ii) each individual Contractor warrants that he/she will (i) not engage in any conduct that would constitute sexual exploitation or abuse as described in the WHO Policy on Sexual Exploitation and Abuse Prevention and Response; and (ii) promptly report to WHO, in accordance with the terms of the Policy, any actual or suspected violations of the Policy of which the Contractor becomes aware.

3. **Tobacco/Arms Related Disclosure Statement.** The Contractor may be required to disclose relationships it may have with the tobacco and/or arms industry through completion of the WHO Tobacco/Arms Disclosure Statement. In the event WHO requires completion of this Statement, the Contractor undertakes not to permit work on the Contract to commence, until WHO has assessed the disclosed information and confirmed to the Contractor in writing that the work can commence.
4. **Anti-Terrorism and UN Sanctions; Fraud and Corruption.** The Contractor warrants for the entire duration of the Contract that:

   i. it is not and will not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it will not make any payment or provide any other support to any such person or entity and that it will not enter into any employment or subcontracting relationship with any such person or entity;

   ii. it shall not engage in any illegal, corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract; and

   iii. the Contractor shall take all necessary precautions to prevent the financing of terrorism and/or any illegal corrupt, fraudulent, collusive or coercive practices (including bribery, theft and other misuse of funds) in connection with the execution of the Contract.

Any payments used by the Contractor for the promotion of any terrorist activity or any illegal, corrupt, fraudulent, collusive or coercive practice shall be repaid to WHO without delay.

5. **Breach of essential terms.** The Contractor acknowledges and agrees that each of the provisions of paragraphs 1, 2, 3 and 4 above constitutes an essential term of the Contract, and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to:

   i. terminate the Contract, and/or any other contract concluded by WHO with the Contractor, immediately upon written notice to the Contractor, without any liability for termination charges or any other liability of any kind; and/or

   ii. exclude the Contractor from participating in any ongoing or future tenders and/or entering into any future contractual or collaborative relationships with WHO.

   WHO shall be entitled to report any violation of such provisions to WHO’s governing bodies, other UN agencies, and/or donors.

6. **Use of WHO Name and Emblem.** Without WHO’s prior written approval, the Contractor shall not, in any statement or material of an advertising or promotional nature, refer to the Contract or the Contractor’s relationship with WHO, or otherwise use the name (or any abbreviation thereof) and/or emblem of the World Health Organization.

7. **Assurances regarding procurement.** If the option for payment of a maximum amount applies, to the extent the Contractor is required to purchase any goods and/or services in connection with its performance of the Contract, the Contractor shall ensure that such goods and/or services shall be procured in accordance with the principle of best value for money. "Best value for money” means the responsive offer that is the best combination of technical specifications, quality and price.

8. **Audit.** WHO may request a financial and operational review or audit of the work performed under the Contract, to be conducted by WHO and/or parties authorized by WHO, and the Contractor undertakes to facilitate such review or audit. This review or audit may be carried out at any time during the implementation of the work performed under the Contract, or within five years of completion of the work. In order to facilitate such financial and operational review or audit, the Contractor shall keep accurate and systematic accounts and records in respect of the work performed under the Contract.
The Contractor shall make available, without restriction, to WHO and/or parties authorized by WHO:

i. the Contractor’s books, records and systems (including all relevant financial and operational information) relating to the Contract; and

ii. reasonable access to the Contractor’s premises and personnel.

The Contractor shall provide satisfactory explanations to all queries arising in connection with the aforementioned audit and access rights.

WHO may request the Contractor to provide complementary information about the work performed under the Contract that is reasonably available, including the findings and results of an audit (internal or external) conducted by the Contractor and related to the work performed under the Contract.

9. **Publication of Contract.** Subject to considerations of confidentiality, WHO may acknowledge the existence of the Contract to the public and publish and/or otherwise publicly disclose the Contractor’s name and country of incorporation, general information with respect to the work described herein and the Contract value. Such disclosure will be made in accordance with WHO’s Information Disclosure Policy and shall be consistent with the terms of the Contract.