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EXPAND
New Partners for Better Health

Request for Expression of Interest (EOI)

NPI EXPAND-Ethiopia

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Closing time: 5 PM East African Time (EAT)

Mode of application: through e-mail to EXPAND.EOI@thepalladiumgroup.com [use subject line EOI/NPI EXPAND- Ethiopia]

Social Accountability activities in Amhara, SNNP and Sidama regions to improve the quality, availability or demand for family planning and/or maternal, newborn, and child health services

NPI EXPAND is a five-year cooperative agreement funded by the U.S. Agency for International Development (USAID) and implemented by Palladium under Agreement No. 7200AA19CA00015, beginning October 7, 2019.

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1. Introduction

1.1. Company Overview

Palladium is a global leader in the design, development, and delivery of Positive Impact or the intentional creation of enduring social and economic value. We work with foundations, investors, governments, corporations, communities, and civil society to formulate strategies and implement solutions that generate lasting social, environmental, and financial benefits. For the past 50 years, we have been making Positive Impact possible. With a team of more than 2,500 employees operating in 90 plus countries and a global network of more than 35,000 technical experts, Palladium has improved—and is committed to continuing to improve—economies, societies and most importantly, people's lives.

Palladium is a child-safe organization, and screens applicants for suitability to work with children. We also provide equal employment to all participants and employees without regard to race, color, religion, gender, age, disability, sexual orientation, and veteran or marital status.

1.2. Overview of the NPI EXPAND Project

The New Partnerships Initiative EXPAND: New Partners for Better Health (NPI EXPAND) Activity implemented by Palladium International, LLC (Palladium), is a five-year cooperative agreement (7200AA19CA00015) funded by the United States Agency for International Development (USAID). NPI EXPAND's ultimate goal is to increase the availability and utilization of high-quality services through new and underutilized local partners (NUPs)¹ globally. The NPI EXPAND activity will contribute to health goals equitably and sustainably through enhanced participation of capable local partners to increase demand for and to deliver high-quality, high-impact health services at scale. The NPI EXPAND Activity will help reach USAID's goal of increasing the availability and utilization of high-quality health services across all its priority health areas. It will also catalyze opportunities to scale up innovative interventions by strengthening the capacity of NUPs. Palladium will support countries to identify and strengthen local organizations to expand their level of engagement in the health sector, fostering improvements in areas such as the quality, accessibility, equity, and accountability of services, especially for underserved groups. At the same time, the project will help prepare select NUPs qualify for direct USAID financial support through a comprehensive subaward grants program with organizational and technical capacity development and supporting opportunities for effective engagement and relevance within the broader health system.

The focus of capacity strengthening is on improving the performance of the organization and on increasing use of high-quality high-impact services and products. Developing the management and technical capacities of local organizations and ensuring they can successfully implement direct awards from USAID, other donors, and respective governments will help countries strengthen the sustainability of their programs. NPI EXPAND will support NUPs to overcome their organizational and technical capacity challenges by using a combination of grant-making and systematic capacity development. Project staff and partners will tailor capacity development activities to the level of organizational maturity (i.e. nascent, emergent, or mature) of

¹ **New Partner:** An individual or organization that has not received any funding from USAID as a prime partner over the last five years. **Underutilized Partner:** An organization that has received less than \$25 million in direct or indirect awards from USAID over the past five years (<https://www.usaid.gov/npi/npi-key-definitions>)

the NUP, the time frame, the budget, and other factors. Guided by the principle of local ownership, NPI EXPAND will ensure that local organizations play an active and effective role in all the capacity development processes and activities.

1.3. NPI EXPAND Ethiopia

The USAID Ethiopia Mission is engaging the NPI EXPAND project to support their Empowered Communities for Better Health (ECBH) project, which aims to empower locally driven improvements in health and nutrition and foster a cycle of responsive and accountable service delivery. The ECBH emphasizes the need to engage communities toward improved health services and outcomes. This involves tapping civil society organizations, networks (e.g., women, men, youth), professional associations (e.g., midwives), religious institutions, and community elders and other community structures (e.g., IDDIRs) toward better health.

In Ethiopia, health stakeholders recognize the need to strengthen community engagement in Primary Health Care, especially for optimal implementation of the Health Extension Program (HEP). Therefore, a well-planned community engagement strategy should be implemented as part of a community and primary health care system. The strategy would ensure the engagement of women, men, youth, and other social groups. In addition, building on existing evidence and experiences, community engagement strategies could be reconfigured (such as optimizing the existing Women's Development Army platform, deploying new cadres of community health workers, engaging men and youth, and implementing motivation schemes) based on varied local contexts and their distinct assets and opportunities for intervention.

Social accountability interventions can provide structured and systematic opportunities for communities to engage with the health system to improve health care quality and outcomes. Globally and in Ethiopia, social accountability interventions have been associated with improvements in patient-provider relationships, service availability and quality, and uptake of services in maternal, newborn, and child health (MNCH) and family planning (FP) (HIPs, forthcoming; Argaw et al., 2021; MERQ, 2021; Gullo et al, 2016; McGinn and Lipsky, 2015; Hoffmann, 2014).

To enhance FP/MNCH services and outcomes, USAID/Ethiopia is investing in NPI EXPAND to explore approaches to strengthening social accountability within the health system by building on existing models (e.g., community score cards and Health Development Armies) and experimenting with new models or those tried in other countries. In its initial phase in Ethiopia, NPI EXPAND supported a landscaping assessment of promising community engagement and social accountability intervention models, local organizations, and community structures. The project's next steps involve selecting and co-developing proposals with local partners to test intervention approaches; providing grants and targeted technical assistance to selected local partners to implement and assess these approaches; and documenting and disseminating experiences and lessons through webinars and other channels.

1.4. The project's three results areas

1. Organizational capacity of new and underutilized local entities or locally established partners strengthened:

Targeted countries will advance their resilience through a strengthened cadre of NUPs that are ready to meet the needs of the underserved. The activity will support NUPs to increase their managerial, financial, and administrative capacities to enhance their ability to not only receive direct support from USAID but also be more engaged partners within local health systems.

2. Utilization of high-quality, high-impact health services, information and supplies expanded:

In Ethiopia, participating NUPs will facilitate social accountability efforts toward greater uptake of high-quality, high-impact FP/MNCH services. This will involve capacity strengthening for productive engagement and collaboration among service users, service providers, and government officials to enhance service quality and responsiveness as well as demand. Researchers have described multiple possible pathways by which social accountability approaches can improve governance, service delivery, demand, and service uptake (HIPs, forthcoming; Argaw et al., 2021; MERQ, 2021; Kuhlmann et al., 2017; Gullo et al, 2016; Love in Action Ethiopia, 2015; McGinn and Lipsky, 2015; Hoffmann, 2014). These approaches can enhance community trust in the health system and relationships with officials as well as providers. Better trust and relationships may, in turn, lead to higher quality care and service uptake. Community participation, including women's participation, in shaping services can lead to higher uptake due to better alignment of offerings with needs and preferences. With a stronger understanding of entitlements and standards of care, community members may be better positioned to identify and push for needed changes. Through strong groundwork and facilitation, these processes can foster greater participation of women and groups underserved by primary care services to voice their needs and act collectively to spur positive change.

To influence service use through social accountability efforts, changes in multiple domains may be required. Drawing on CARE's theory of change in governance, NPI proposes the following:

If women and community members are capacitated on rights, entitlements, and engagement processes; if health providers and government officials are effective, accountable, and responsive; if spaces for negotiation and collaboration are expanded, effective, and inclusive; then improvement in health care quality, accessibility, use, and equity can be achieved (adapted from CARE as elaborated in Hoffmann, et al., 2014 and Kuhlmann et al, 2017).

NPI will work with grantees to co-develop MEL plans, including indicators that capture changes among the different actors involved in social accountability engagements and collaborations.

3. Promising and innovative health approaches scaled-up through new and underutilized partnerships for increased sustainability:

NPI EXPAND will support innovations and support NUPs to scale them up and other high-impact interventions.

2. Purpose and Objectives

The project will provide grants for capable local partners to implement social accountability interventions in primary health care to improve the availability, quality, and uptake of FP/MNCH services. Presently, the geographic focus areas for NPI EXPAND include Amhara, SNNP and Sidama regions. A mandate for the project's core funding is to demonstrate results in family planning and maternal, newborn, and child health. Though Ethiopia has made strides in reducing the maternal mortality ratio, under-5 and infant mortality rates, total fertility rate (TFR), and meeting unmet need for family planning, there are still areas for improvement, especially in rural areas. Recent survey data indicate that although many women use modern contraception in these regions, a substantial portion still have more children on average than they would prefer and have unmet need for FP (see Table 1). Challenges also exist in maternal and child health. For example, women commonly deliver their children without the benefit of assistance from a health professional.

The Ethiopia Mini Demographic and Health Survey 2019 found that four in ten children under age five in Amhara were chronically malnourished, with just over one-third stunted in SNNP.

Table 1. Select health and population indicators

	Modern contraceptive use, married women 15-49, %	Total Fertility Rate (Total Wanted Fertility Rate)	Unmet need for family planning, %	Births in past 5 yrs delivered w/skilled birth attendant* %	Stunting among children <5 years, %
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Overall	41	4.6 (3.6)	22	50	37
Amhara	50	3.7 (3.1)	17	56	41
SNNP	45	4.4 (3.5)	21	50	36

Source: EMDHS 2019 for MCPR, Delivery Assistance, and Stunting. EDHS 2016 for TFR and Unmet Need. Select figures rounded. *Doctors, nurses, midwives, health officers, health extension workers.

The goal of the NPI EXPAND project in Ethiopia is to increase the availability and use of high quality, high impact FP/MNCH services through the implementation of social accountability interventions with rural or underserved populations. NPI EXPAND efforts are aligned with the HSTP II strategic direction to Enhance Community Engagement, Empowerment, and Ownership toward improving key FP/MNCH indicators. While the specific FP/MNCH issue areas of focus for grantees will depend on social accountability processes—and what participants jointly identify as action items in particular communities—the project expects these efforts will support Ethiopia's aims in FP and MNCH. The project anticipates grantee efforts will help contribute toward some overarching objectives set by HSTP II, such as the following:

- Increase the contraceptive prevalence rate
- Increase proportion of pregnant women with four or more ANC visits
- Increase deliveries attended by skilled health personnel
- Increase coverage of early postnatal care (PNC) within 2 days
- Increase full vaccination coverage

Grantees implementing interventions involving the community score card may be expected to contribute to progress in one or more of its standardized indicator areas, including: 1) compassionate, respectful, and caring health workforce; 2) patient waiting time for health care services; 3) availability of services, biomedical equipment, and pharmaceutical supplies; 4) health facility infrastructure; 5) ambulance service and management; and 6) clean and safe health facility.

The project will achieve its results through awards and targeted technical assistance to capable local implementing partners. This support will strengthen the organizational and technical capacities of local implementing partners to facilitate implementation, refinement, or scale-up of social accountability interventions. The social accountability efforts should aim toward improving the quality, availability or demand for FP or MNCH services. The project is also interested in supporting approaches that scale-up promising and innovative accountability efforts for services at the woreda and kebele or Primary Health Care Unit (PHCU) levels.

3. Scope of Work

3.1. Main Areas of Intervention

NPI EXPAND Ethiopia invites grant applications from select Civil Society Organizations including non-governmental organizations, professional associations, faith-based groups, and community-based organizations. Applicants must be registered with the Organization for Civil Societies Agency of Ethiopia under the revised proclamation of 2019 and have the skills and experience necessary to implement activities in one or more of the intervention areas outlined below.

- Social accountability activities to improve FP/MNCH service demand, availability, quality, and use
- Increased community engagement to improve FP/MNCH service availability and quality by ensuring accountability of the health system to local needs

- Enhanced implementation of the Community Score Card (CSC) for primary health care services, with an emphasis on FP/MNCH services. This would entail activities involved in implementing the full CSC cycle:
 - Stronger engagement of Health Extension Workers, health facilities and woreda health offices and community structures to enhance accountability of health units to community needs
 - Improved collaboration with primary health care/woreda health offices, health centers and relevant sectors to enhance social accountability practices to respond to community needs
 - Increased collaboration with woreda health offices, health facilities and health posts to establish functional client councils to improve the quality and responsiveness of FP/MNCH services by the health centers
 - Work with woreda health offices, primary health care units and relevant sectors to organize quarterly town hall meetings to reflect upon and validate Community Score Card ratings for health service delivery and quality
- Designing, implementing, and assessing approaches that strengthen social accountability efforts, such as targeted strategies to ensure active participation of women and groups that are often underserved by FP/MNCH services; to apply different uses of technology to facilitate implementation or scale-up; and to support continuous or sustained implementation of social accountability interventions

4. Technical Approach

Social accountability interventions aim to improve institutional performance by fostering engagement and collaboration among service users, providers, and officials to respond to community needs and preferences. Four common elements of these interventions include facilitating engagement with community members to evaluate services; facilitating self-evaluation processes with providers; organizing "interface" meetings and action planning among community members/CBOs, providers, and relevant government officials; and monitoring and reporting on implementation of jointly developed action plans. In Ethiopia, a range of social accountability approaches and tools (e.g., community score card, citizen report card, participatory planning and budgeting) have been applied.

Globally and in Ethiopia, researchers have found associations between social accountability interventions with improved governance outcomes (e.g., increased knowledge of rights and entitlements among community members; more opportunities for voicing needs and reporting grievances; increased engagement among women, CSOs, and community members with the health sector and officials) as well as enhanced health behavior and service delivery outcomes (Kuhlmann et al, 2017). These positive changes include reduced waiting times at facilities, cleaner facilities, improved availability of qualified staff, more respectful treatment from staff, and better availability of supplies and medications (Campbell et al, 2020; Gullo, et al., 2016; Hoffman, K.D., 2014). Social accountability is a "high impact practice" in family planning to improve information and services (HIPs, forthcoming). Examples of FP/MNCH improvements that have been associated with social accountability interventions globally include increases in prenatal care uptake, facility deliveries, deliveries with skilled birth attendants, family planning acceptance, satisfaction with FP services, syphilis screening among pregnant women, full childhood immunization, and growth monitoring for children under two years (HIPs, forthcoming; Argaw, et al., 2021; Hoffman, K.D., 2014).

NPI EXPAND is interested in supporting technical approaches that strengthen the capacity of communities, especially those in rural areas, to engage with the health system to enhance accountability for the delivery of high-quality FP and/or MNCH services. Toward these aims, project grants will support civil society

organizations to work with different actors or entities to enhance social accountability, including community structures; health service managers/providers at primary health care levels; officials; accountability mechanisms or platforms; community structures; and health extension workers. The selected CSOs will facilitate effective implementation of social accountability approaches, such as applications of the CSC and/or other accountability activities in one or more regions prioritized for NPI EXPAND: Amhara, SNNP, or Sidama regions. A grantee *does not* need to apply for all three regions; application for one region per grantee may be advisable depending on the experience, capacity, and reach of the organization. Grantees are encouraged to apply for a region where they have prior experience of implementing health activities (including social accountability interventions) and have regional offices.

5. Request for Expression of Interest

NPI EXPAND wishes to invite applications from qualified local organizations in Amhara, SNNP and Sidama regions with the experience and skill to carry out activities in the prioritized intervention areas. Interested applicants are welcome to complete the concept note template and provide information requested in Section 6. Up to six applicants from this process will be invited to participate in a co-creation process to develop full applications for NPI EXPAND grants.

NPI EXPAND seeks to identify local partners that are able to:

- Undertake social accountability efforts to enhance the availability and quality of FP/MNCH services to underserved populations (women, children, and girls) in rural parts of Amhara, SNNP and Sidama regions
- Enhance community engagement to improve the quality of FP/MNCH services in districts of Amhara, SNNP and Sidama regions
- Improve demand for FP/MNCH services among underserved populations through community engagement and increased social accountability practices
- Design, implement, and assess promising and innovative social accountability approaches or refinements to strengthen FP/MNCH services

5.1. Selection Criteria

NPI EXPAND will take into account the following criteria when selecting awardees:

Evaluation criteria	Maximum points
<ul style="list-style-type: none"> • Proposed concept for award and its potential to have lasting positive effects on health system accountability for service quality improvement in FP/MNCH 	25
<ul style="list-style-type: none"> • Experience and technical capacity in social accountability and/or community engagement, with some evidence of strong local links and presence, relationships, and results. 	25
<ul style="list-style-type: none"> • Experience and technical capacity in the implementation of projects in at least one of the following areas: family planning; reproductive health; maternal, newborn, child health and Social Accountability interventions for health service quality improvement in FP/MNCH. 	25
<ul style="list-style-type: none"> • Management capacity, including financial, organizational, and program elements (e.g., annual budget, number of staff, expertise of key personnel, findings and recommendations of recent audits) as aligned with proposed project concept 	25
Total	100

NPI EXPAND seeks a diverse portfolio that includes nascent, emerging, and more mature local organizations.

The vetting process will include a review of applications and, for finalists, may include an invitation to present and discuss their concept note submissions with the selection team. The project anticipates selecting up to six CSOs based on this process. These groups will be engaged in a co-creation process to develop full proposals and budgets. The project anticipates that it would fund all top finalists selected to develop full proposals. As such, to save time, rather than have a sequenced process of proposal co-development followed by due diligence, the project will treat these as concurrent work streams.

6. Application Requirements

Applicants are requested to submit the documents outlined in Table 2.

Table 2. Application requirements

1	Full application template. Section A and an application concept (maximum 8 pages for Sections 1, 2, and 3) containing the information requested.
2	Most recent audit reports (signed, scanned copies for the last 3 years)
3	CVs of key staff or team to work on the proposed project (maximum 3 staff)
4	Copy of Registration by Ethiopian Agency of Civil Society Organization/authorized licencing public organization
5	National tax number/DUNS number
6	Tax exemption certificate (if applicable)
7	References from donors/other partners. Please attach scanned copies of up to 3 letters of support.

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